



Hello Teachers, Caregivers and Friends of the Museum,

With groups of 15 or more we need to enforce the following guidelines during business hours, in order to ensure a manageable and enriching visit for your students.

Plan the following before your visit:

- **ALL children need waivers filled out before visiting.**
- **There must be at least one parent/adult supervising for every 6 children.**
- Go over the rules with your students
- Divide your group into three. Have one group do an art project in the art room while the other two groups play in the rotating exhibit area and the play structure. Rotate the groups in and out of the art room – one group at a time.
- Paperwork must be filled out and returned one week prior to your visit.

Adults need to supervise these areas at all times:

- Art Room
- Play structure
- Rotating Exhibit Area (Into Africa)
- Bathroom

Art supplies are available for your use in the art room. We recommend that you plan a specific art activity in advance. You can come to KidZone Museum to explore our supply cabinet at anytime! Our hours vary so please check KidZoneMuseum.org for information.

Right now our exhibit, Into Africa, is about the desert and jungle areas in Africa. In your classroom, you could introduce your students to Africa before coming. One interesting topic is how families in the desert get water and cook - usually it is with solar ovens and wells. The animals of these regions are also interesting. Our exhibit has an African hut, a market place, drums, a weaving area, and vines to climb and gorilla nests to build.

We also have a great collection of African children's books if you want to do a story time in the jungle or in the hut!

Please review the clean-up procedures

Questions? Call us at 530.587.KIDS(5437) or see our website for more information KidZoneMuseum.org

See you soon!

The Staff at KidZone Museum

- Local children are \$2 each and adults are free for a two-hour visit.
- If you need us to have additional staff because you do not have enough adults, please call us.
- You can request a KidZone teacher who will provide art or science fun for an additional fee of \$60.



Groups Checklist

Complete and drop off all documents including this completed checklist to the Museum prior to your visit.

- Group Contact Sheet
- Signed Memorandum of Understanding
- Liability Waivers- Waivers have been completed by each child's guardian prior to visit. You can use the full waiver - or the group waiver. Either way, parents must sign.
- Payment (if applicable)
- I have read and understand the Museum policies on supervision, behavior and cleaning
- I will collect and submit my Museum visitation statistics to you by e-mail at the end of the year.

Signature: _____

Group: _____

Date: _____

We will visit on (date & time): _____

11711 Donner Pass Road Truckee CA 96161
530.587.KIDS(5437)
KidZoneMuseum.org



Group Contact Information

Day and time of facility use _____

Organization Name _____

Contact Person: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Fax: _____

Mailing Address: _____

Is your organization a non-profit? yes no

Please always sign in and provide us with your statistics at the end of the year. Thank you

For Staff Use: Staff Initials: _____ Date added to Calendar: _____

Memorandum of Understanding Visiting Groups



Date _____

We _____ will be visiting the KidZone Museum on _____.
(group name) (Date(s) and time)

We promise to watch our children at all times and make sure they are playing safely and nicely while we are at KidZone Museum. We will tell them not to run, and we will help them clean up when we are ready to leave and make sure that the Museum is as clean as when we arrived. Of course we will make sure we leave the bathroom as clean as we found it!

As the group leader, I take responsibility for my groups safety and in the event of a medical emergency, I will call 911. I understand that if the KidZone Museum staff has to clean up after us, I will be charged a \$40 cleaning fee.

Signature of Responsible Party

Thanks for your visit!!

- All Children who play at the KidZone need a liability waiver filled out by a parent **before visiting.**
- Attached is a list a list of our cleaning expectations and rules of any group who visits the KidZone Museum. If the museum is not clean when you arrive please fill out a report at the front desk or speak with our Operations Director.

Thank you.



Cleaning Check List for Visiting Groups

Picking up for your group should take 15 minutes before you leave and helps us be prepared for other visitors. Thank you!

(If you have a party that has left the garbage cans full, please help us out by taking the garbage out to the front entry of the Museum. New bags are in the bottom of the trash can).

Art Room

- Tables are clean
- Art supplies are put away
- Art projects are taken home

Exhibit Area

- All items are put in their correct location
- Costumes are correctly placed
- Food is in the food bins
- Books on the shelf

BabyZone and Play Structure Area

- **This area is for babies up to 18 months and their caregivers only.** We want to keep this area clean and in good shape for our families with young children so no big kids please.
- Make sure the baby books are placed back in the small book container in this area.
- Trains get placed on the train board.
- Look under the table and inside the play structures for items kids may have "hidden".
- Giant soft shapes need to be placed together in a pile out of the way of the side door.
- Megnatiles need to be put in their containers. Search the area around the play structure for any pieces.

Reading Areas

Books need to be on the bookshelf.

Bathrooms

Toilets need to be flushed.

Countertops need to be clean.

Floors need to be free of paper towel "droppings" please.

Front Hall

Take all your artwork home and pick up your belongings!

Thank you for your help!

*** After hour visitors should vacuum as necessary.**



Please Remember Our Rules:

1. Review these rules with your group before visiting the Museum.
2. All children under 18 **must have a liability waiver** signed by a parent or guardian before using the facility. This includes infants.
3. There is absolutely **NO RUNNING** in the building. Skipping is ok.
4. Shoes must be left in the cubbies in the front entrance.
5. Exhibit parts do not travel and must remain in their specific areas.
6. Please **tidy up** after yourself/child/group as you move from one area to the next within the building
7. Supervise children at all times.
8. Always accompany young children to the bathroom.
9. **No gum** in the building!
10. Food and drink in the Art room and Classroom only.
11. **Infants only in the Baby Zone**, located behind the Play Structure. No other children in this area please.
12. **No bubbles or balloons**. Deflated balloons are a choking hazard for infants.
13. **Respect this facility** and treat it as you would your own home. It belongs to all of us so let's make sure it is ready for others to play, explore, discover and learn!

THANK YOU and most importantly HAVE FUN!!

Kidzone Museum Visitors Form

Is this your first time visiting this year? *Yes* *No*

(Please Print)

Adult: _____

Adult: _____

Grandparent: _____

Child's Name: _____ Birth date: _____ Gender: _____

Child's Name: _____ Birth date: _____ Gender: _____

Child's Name: _____ Birth date: _____ Gender: _____

Child's Name: _____ Birth date: _____ Gender: _____

Ethnicity : _____

Language : _____

Paid by cc: _____ cash: _____ check _____ # _____

Amount _____

* We ask this information for grant purposes. Thank you for completing all info!

PHOTOGRAPHIC RELEASE

I understand that photographs may be taken of my child(ren) during programs or classes. I give The KidZone Museum permission to use any such photos for advertising or in promotional materials.

Parent/Guardian Signature _____

Date _____

Date: _____

Family Last Name : _____



(Please Print)

Mailing Address: _____

_____ Zip _____

County: _____

Phone: _____

email: _____

WAIVER OF CLAIMS & INDEMNITY AGREEMENT

I am aware of the nature of the activity(ies) for which my child(ren) is participating in at the KidZone, and understand that accidents and injuries may occur as a result of participation in said activity(ies). Knowing that risk, and in consideration for my child(ren) being permitted to participate, I hereby agree to make certain that my child(ren) is supervised by an adult at all times, complies with all of the KidZone's rules and policies and assume all risks related to such participation. I hereby waive any claims against, and agree to release and discharge in advance "KidZone Museum," its officers, employees and agents from any and all liability for personal injury, death, or property damage which I or my child(ren) may have, or which may hereafter accrue to me or my child(ren) as a result of such participation, even though that liability may arise out of "KidZone Museum" or its employee's negligence or carelessness. I further agree that this waiver, release and assumption of risk is to be binding upon my and my child(ren)'s heirs and assigns.

I also hereby agree to indemnify and hold the entity and persons mentioned above harmless against all claims, damages, losses and expenses, including attorneys' fees, which they may incur as a result of my child(ren)'s participation in the program(s).

Parent/Guardian Signature _____

Date _____

Mail to: *KidZone Museum
11711 Donner Pass Rd. Truckee, CA 96161*

530.587.KIDS (5437) KidZoneMuseum.org

Waivers/ 8-1-2008

Entered in Database: y n

Staff initial _____

Date: _____

Date: _____

Group Name : _____

KidZone Museum Group Waiver

(Please Print)

Teacher/Group Supervisor _____ Organization Name (if applicable) _____

Address _____ City _____ Zip _____ Phone Number _____

Waiver must be signed by parent or guardian who is accompanying child to the museum.

WAIVER OF CLAIMS & INDEMNITY AGREEMENT

I am aware of the nature of the activitie(s) for which my child(ren) is participating in at the KidZoneMuseum and understand that accidents and injuries may occur as a result of participation in said activitie(s). Knowing that risk, and in consideration for my child(ren) being permitted to participate, I hereby agree to make certain that my child(ren) is supervised by an adult at all times, complies with all of the Museum rules and policies and assume all risks related to such participation. I hereby waive any claims against, and agree to release and discharge in advance "KidZone Museum," its officers, employees and agents from any and all liability for personal injury, death, or property damage which I or my child (ren) may have, or which may hereafter accrue to me or my child(ren) as a result of such participation, even though that liability may arise out of "KidZone Museum" or its employee's negligence or carelessness. I further agree that this waiver, release and assumption of risk is to be binding upon my and my child(ren)'s heirs and assigns. I also hereby agree to indemnify and hold the entity and persons mentioned above harmless against all claims, damages, losses and expenses, including attorneys' fees, which they may incur as a result of my child(ren)'s participation in the program(s). I am aware photos may be taken of my child and used for museum publicity.

1. Child's Name: _____ Birth date: _____ Gender _____ Ethnicity _____ Parent/Guardian Signature _____
2. Child's Name: _____ Birth date: _____ Gender _____ Ethnicity _____ Parent/Guardian Signature _____
3. Child's Name: _____ Birth date: _____ Gender _____ Ethnicity _____ Parent/Guardian Signature _____
4. Child's Name: _____ Birth date: _____ Gender _____ Ethnicity _____ Parent/Guardian Signature _____
5. Child's Name: _____ Birth date: _____ Gender _____ Ethnicity _____ Parent/Guardian Signature _____
6. Child's Name: _____ Birth date: _____ Gender _____ Ethnicity _____ Parent/Guardian Signature _____
7. Child's Name: _____ Birth date: _____ Gender _____ Ethnicity _____ Parent/Guardian Signature _____
8. Child's Name: _____ Birth date: _____ Gender _____ Ethnicity _____ Parent/Guardian Signature _____
9. Child's Name: _____ Birth date: _____ Gender _____ Ethnicity _____ Parent/Guardian Signature _____
10. Child's Name: _____ Birth date: _____ Gender _____ Ethnicity _____ Parent/Guardian Signature _____

I accept responsibility for this group when visiting the KidZone Museum (Group Guardian Signature) _____

Paid by cc: _____ cash: _____ check _____ # _____ Amount _____

11711 Donner Pass Rd, Truckee, CA 96161 (530) 587-KIDS KidZoneMuseum.org