

DISCOVERY CAMP REGISTRATION



WAIVER AND RELEASE

GENERAL INFORMATION

Child's Name _____ Birth Date _____
Date _____ Grade Level _____

Parent's Name _____
Address _____
City _____ State _____
Zip _____
Email _____
Home Phone _____ Work Phone _____
Emergency Contact Name _____
Emergency Contact Phone _____

The following individuals, other than me, have my consent to pick up my child.

I understand that any individual(s) not on this list will NOT be allowed, for any reason, to remove my child from the Museum property.

Name _____
Phone _____ Relationship to Child _____
Name _____
Phone _____ Relationship to Child _____

MEDICAL HISTORY

Physician's Name _____ Physician's Phone _____ Preferred Hospital _____
Hospital Address _____
Hospital Phone _____

Asthma ADHD Developmental Disabilities Diabetes Glasses/Contacts
Heart Disease or Defect Hemophilia Seizures Allergy to Medication (list below) Dietary Restrictions
(describe below) Food Allergies (list below) Other Allergies (list below)

INFORMED RELEASE AND WAIVER OF LIABILITY

I understand that my child/children, as a participant(s) in the Perot Museum of Nature and Science Camps, may be engaged in activities that include, without limitation, conducting experiments with supervision, walking the exhibit halls, going outside no more than one hour per day, running, jumping, walking around outside with supervision. Although the Museum will exercise reasonable efforts to minimize risks, participation in Perot Museum Camps may expose my child/children to the possibility of accidents, including but not limited to injury or death.

During his/her attendance at Perot Museum Camps, my child, listed above, has my permission to engage in all camp activities except as noted on the current Medical Information form.

My child/children have my permission to be photographed by Perot Museum Camp staff and/or its representatives and that such photographs can be used for promotional purposes by the Perot Museum.

I am the legal parent or guardian of the child listed above. I release the Perot Museum from any form of liability as I have given them permission to participate. I also hold harmless any of the Perot Museum staff, agents and cooperating landowners and will not hold them liable for any loss, including but not limited to injury or death.

I agree that, if my child should need additional services to accommodate him/her in workshops in accordance with the ADA Compliance Guidelines, I will provide written notice of such condition (either from my child's physician or other recognized organization) and agree to submit my request at least five (5) working days prior to the beginning of my child's camp or program session.

I authorize the staff of the Perot Museum to directly contact sources cited in this form and do authorize the named physician(s) to render such treatment as may be considered necessary in the event of an emergency, for the health of my child. In the event that physicians or other sources named in this form cannot be contacted, I authorize the Perot Museum to take whatever action is necessary, in their judgment, for the health and safety of my child. I assume financial responsibility for any medical care my child receives during his/her participation in the Perot Museum sponsored activities and will not hold the Perot Museum financially responsible for care and/or transportation of my child to a care facility.

IMMUNIZATION AND MEDICAL RELEASE

State law will not allow a child to attend any portion of camps or programs without immunization and medical release records on file. Please check the option below that you are using to satisfy the immunization requirement.

I have provided the Perot Museum with a copy of my child's most current immunization record or an affidavit about immunizations for religious or medical reasons.

My child's immunization record or affidavit is on file at another school and all required immunizations and/or tuberculosis test is current. Vision and hearing screening records are also on file (for children 4 years and older).

School Name _____
School Address _____ School
Phone _____

Please check the option below that you are using to satisfy this requirement and then sign and date at the bottom of the page.

A signed and dated copy of a health care professional's statement (within the past year) has been provided stating that your child has been examined and is physically able to take part in Perot Museum Discovery Camps.

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in Perot Museum Camps. Within the next 12 months, I will obtain a physician's

statement, a copy of a medical screening from EPSDT, or a form/statement from a health service/clinic and will submit it to the Perot Museum.

CAMP POLICIES

A number of policies are in place for the safety and well-being of your child. View *Discovery Camp Policies and Procedures*. policies at perotmuseum.org.

As the custodial parent or guardian of the child(ren) enrolled in the Perot Museum Discovery Camps, I acknowledge, by electronically signing this form for and on behalf of myself and my child(ren), that my child and I have received and reviewed the Perot Museum Discovery Camps Policies and Procedures and the Waiver/Release form. My child(ren) and I understand and agree to abide by the Museum Discovery Camps policies, procedures, and directives set forth in these publications. By enrolling my child(ren) in the Museum Discovery Camps and prior to sending them to their registered Discovery Camp, I further affirm that my child(ren) will have not exhibited any symptoms consistent with the COVID-19 virus in the 10 days preceding the start of their registered camp, and/or tested positive for the COVID-19 virus within the 10 days preceding the start of their registered camp; and I further acknowledge and affirm that my child(ren) have not been exposed to anyone who has tested positive and/or exhibited symptoms of the COVID-19 virus in the 10 days prior to the start of their registered camp . I understand and agree that not acknowledging receipt of the Perot Museum Discovery Camps policies, procedures and COVID-19 protocols does not absolve any individual(s) of any responsibility with respect to the information contained therein or any other Museum policies, regulations, or guidelines.

I hereby attest that all information provided above is correct and agree to the terms of enrollment in the Perot Museum Camps as stated in the Parent Information and Camp Policies forms.

Signature _____ Date _____

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