

Central Wisconsin Children's Museum PARENT/GUARDIAN CONSENT FORM

The staff of the Central Wisconsin Children's Museum will take every precaution to make all activities as safe as possible. Participants have the responsibility to help reduce the chance of accident or injury. Participants MUST obey safety rules at all times. Please carefully read and initial each consent section listed below, then sign and date on the "parent/guardian signature" line at the bottom of page.

Section #1: RELEASE FROM LIABILITY: I understand that all reasonable safety precautions are taken by CWCM in the operation of its facility, equipment, and programs. However, participants and parents of children must recognize and accept that there are inherent risks when choosing to participate in any CWCM program. I agree that my child's(ren's) participation in CWCM programs shall be undertaken at his/her sole risk, and that CWCM, its directors, employees, volunteers, and agents shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or causes of action whatsoever, to my child(ren) or his/her property, arising out of or connected to participation in any CWCM programs. I agree to hold harmless and indemnify CWCM, its directors, employees, volunteers, and agents from any and all liabilities and claims resulting from participation in this program.

I further release CWCM, their officers, agents and employees from all liability for personal injury resulting from my child's failure to obey safety regulations and directions of the activity leader in good faith, in response to emergencies and exigencies which occur during the activity; provided however, that nothing contained herein shall excuse any employee of CWCM or person assigned to be an activity leader by an employee of CWCM, from the responsibility to act with reasonable care for my child's safety during the course of the activity appropriate to the circumstances.

_____ (Parent/Guardian Initials)

Section #2: MEDICAL RELEASE: I hereby authorize CWCM to consent to emergency medical or dental treatment for my child while my child is a participant in a CWCM program. I understand that CWCM will make all reasonable efforts to contact me and provide me with notice in the event that my child requires emergency medical or dental treatment. In the event that CWCM cannot contact me and give me notice, I understand that I am hereby authorizing CWCM to consent to such treatment on my behalf. I understand that CWCM will seek necessary emergency treatment for my child only in the event my child is injured or harmed while engaged in a program or activity sponsored by CWCM. I agree that I will be responsible for the payment of all medical services rendered.

_____ (Parent/Guardian Initials)

Section #3: REASONABLE ACCOMMODATIONS CLAUSE: Children with special needs or challenges will be accepted provided that "reasonable accommodations" can be made for their participation in the program and/or the child's participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other children in the program. I understand that if my child(ren) requires an unusual amount of one on one attention, whether due to special needs or behavior, my child may be removed from the program. You are solely responsible for determining if your child(ren) are physically fit for the activities contemplated in these programs. It is always advisable, especially if your child(ren) have an illness, injury or impairment, to consult a physician before undertaking any active recreational program.

_____ (Parent/Guardian Initials)

Section #4: MEDIA RELEASE: CWCM reserves the right to take photographs of adults and children participating in CWCM programs to be used in media coverage and promotional materials. Please speak to a staff member if you prefer not to allow use of pictures involving your family.

I do do not give my permission for my child(ren) to appear in promotional materials for CWCM.

_____ (Parent/Guardian Initials)

Section #5: ACCURATE/COMPLETE INFORMATION: I hereby state that the information is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to CWCM.

_____ (Parent/Guardian Initials)

Section #6: POLICIES: I have received CWCM Downtown Date Night Policies, which includes necessary program information for my child and me. I have read the information and agree to abide by the policies and procedures therein. I also understand that a copy of CWCM Downtown Date Night Policies is on file and available to me at the front desk.

_____ (Parent/Guardian Initials)

I have carefully read and initialed each of the above parent/guardian consent sections. I fully understand that by signing this form I have given my parent/guardian consent for my child(ren) on all sections contained within.

Participant Name(s) – Please Print _____

Signature of Parent/Guardian: _____ Date: _____