

**SENECA MUSEUM OF WATERWAYS and INDUSTRY
2015 SUMMER CAMP
REGISTRATION INFORMATION**

PLEASE PRINT!

NAME _____

ADDRESS _____

SEX: MALE ___ FEMALE ___ AGE: ___ DATE OF BIRTH: ____ / ____ / ____

PARENT/GUARDIAN:

NAME: _____

ADDRESS: _____

PHONE: (DAY) _____ (EVE) _____ MOBILE: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

FAMILY EMAIL: _____

LIABILITY WAIVER

I, the undersigned, agree to participate or let my child participate in the Seneca Museum of Waterways and Industry program indicated above. I understand and agree that the SENECA MUSEUM of WATERWAYS and INDUSTRY, its DIRECTORS, MANAGERS, OFFICIALS and OTHER ORGANIZERS shall in no way be held liable for any injury received at any meeting of the above named program. I understand that it shall be my responsibility to transport my child or myself to and from this program.

I do, hereby, assume all NORMAL risks and hazards incidental to the conduct of the above named program. I further release, absolve, indemnify and hold blameless the SENECA MUSEUM of WATERWAYS and INDUSTRY or any of the personnel appointed by SENECA MUSEUM of WATERWAYS and INDUSTRY

PARENT/GUARDIAN or PARTICPANT SIGNATURE

_____ DATE: ____ / ____ / ____

For further information? CONTACT SENECA MUSEUM AT **568-1510**

This form MUST be completed and returned to the Seneca Museum by the ASAP

**SENECA MUSEUM of WATERWAYS AND INDUSTRY,
89 Fall Street, SENECA FALLS, NY 13148**

FOR MORE INFORMATION, PLEASE VISIT OUR WEBSITE AT WWW.SENECAMUSEUM.COM

SENECA MUSEUM OF WATERWAYS and INDUSTRY
2015 SUMMER CAMP –
BOAT RIDE PERMISSION FORM

PLEASE PRINT (Childs Name)

NAME _____

PARENT/GUARDIAN:

NAME: _____

ADDRESS: _____

PHONE: (DAY) _____ (EVE) _____ MOBILE: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

FAMILY EMAIL: _____

As part of the 2015 Seneca Museum of Waterways and Industry Summer Camp there will be a boat ride included. This will be coordinated with John Kenny from “Canalside Experience” from Waterloo.

If you wish your child to participate in this activity we require PARENT/GUARDIAN permission.

Please sign this form and return to Seneca Museum of Waterways and Industry ASAP

Thank you

LIABILITY WAIVER

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DATE: ____ / ____ / ____

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