

Seneca Museum of Waterways & Industry Release Form

Child's Name: _____ Date of Birth: ____/____/____

Medical Information in Case of an Emergency

Hospital/Clinic Preference: _____

Physician's Name and Phone Number: _____

Please list any health considerations (i.e., Diabetes, Seizures, Respiratory, etc.):

Name(s) of medication to be left with staff during camp hours (to be returned daily to parent/guardian):

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by emergency medical personnel and/or hospital staff for my child, and waive my right to informed consent of treatment.

Release for Media Recording

I consent & agree that Seneca Museum of Waterways & Industry, its employees, or agents have the right to:

- take photographs, videotape, or digital recordings of my child (ren), while attending Summer Camp,
- exhibit this work in print and electronic form publicly, and use these in any/all media, now or hereafter known, and exclusively for the purpose deemed appropriate by the Museum.

I understand that:

- I waive any rights, claims, or interest I may have to control the use of my child(ren)'s identity or likeness in whatever media is used,
- there will be no financial or other remuneration for recording my child(ren), either for initial or subsequent use,
- Seneca Museum of Waterways & Industry is not responsible for any expense or liability incurred as a result of my child(ren)'s participation, including medical expenses due to any sickness or injury incurred as a result.

By signing below, I represent that I have read, understand, and agree to all the above statements, and am competent to execute this agreement:

Parent/Guardian Name (Print): _____

Parent/Guardian Name (Signature): _____

Date: _____

**SENECA MUSEUM of WATERWAYS and INDUSTRY
2016 SUMMER CAMP REGISTRATION
and BOAT RIDE PERMISSION FORM**

CHILD'S INFORMATION (PLEASE PRINT):

NAME _____

ADDRESS _____

MALE _____ FEMALE _____ AGE: _____ DATE OF BIRTH: _____ / _____ / _____

PARENT/GUARDIAN:

NAME: _____

ADDRESS: _____

PHONE: HOME: _____ MOBILE: _____

EMERGENCY CONTACT NAME (Backup emergency person): _____

PHONE: _____ FAMILY EMAIL: _____

As part of the 2016 Seneca Museum of Waterways and Industry Summer Camp, there will be a boat ride included. This is coordinated with John Kenny/"Canalside Experience", from Waterloo, NY. If you wish your child to participate in this activity, we require PARENT/GUARDIAN permission. This form MUST be completed, signed, and returned to the Seneca Museum by the first day of attendance at Camp, or in advance to the SENECA MUSEUM of WATERWAYS & INDUSTRY, 89 FALL ST., SENECA FALLS, NY 13148

LIABILITY WAIVER:

I, the undersigned, agree to participate or let my child participate in the Seneca Museum of Waterways & Industry program indicated above; understand and agree that the SENECA MUSEUM of WATERWAYS & INDUSTRY, its Directors, Managers, Officials, and any other organizers shall in no way be held liable for any injury received while participating in the above named program; understand that it shall be my responsibility to transport my child or myself to and from this program; do, hereby, assume all normal risks and hazards incidental to the conduct of the above named program, and further release, absolve, indemnify and hold blameless the SENECA MUSEUM of WATERWAYS & INDUSTRY or any of the personnel appointed by SENECA MUSEUM of WATERWAYS & INDUSTRY.

PARENT/GUARDIAN or PARTICIPANT SIGNATURE: _____ **DATE:** _____ / _____ / _____

**For further information, contact Seneca Museum at (315) 568-1510,
or VISIT OUR WEBSITE AT WWW.SENECAMUSEUM.COM**