Sternberg Museum of Natural History
Summer Contract, Parent Waiver and Release Form

Fort Hays State University
Sternberg Museum of Natural History Science Camps 2015

As the parent/guardian(s) of _________________________ (insert child’s name), I consent to my child’s participation in the Sternberg Museum Science Camp___________________________(name of camp being registered for) for the dates of ______ ____ to ___________ (time period) conducted by the Sternberg Museum of Natural History of Fort Hays State University (FHSU). By signing below, I agree to the following:

1. I understand that FHSU has no obligation to provide health, accident, disability or hospitalization insurance for my child and that FHSU will not be responsible for the costs of any health care provided to my child during Sternberg Museum Science Camps.

2. I give permission for FHSU to discuss my child’s medical condition among staff members responsible for my child’s care. This information will be disclosed only when medically necessary.

3. I authorize any representative of FHSU to provide or secure emergency medical and/or dental treatment for my child if he/she is injured or becomes ill while participating in the program. Any representative of FHSU may sign authorization forms necessary to obtain treatment. I understand that FHSU staff will make every effort to contact me should an emergency arise.

4. Unless I have provided FHSU and the Sternberg Museum Science Camps with information and instructions relating to required medications or other necessary care for my child during the camp on the form below, I represent that my child has no medical condition that either requires medication or care during the camp or that will interfere with or prohibit my child from fully and safely participating in the camp. By signing below, I represent that my child is capable of participating in the camp and all activities and requirements relating thereto.

5. I understand that FHSU does not insure and is not responsible for lost, stolen or damaged (from any cause) personal property. The safekeeping of property during the camp is the responsibility of each individual student. It is the family’s responsibility to claim personal items upon the end of the Sternberg Museum Science Camps program; items left unclaimed after 4 months may be disposed of at the discretion of FHSU.

6. By signing below, I hereby assume, on behalf of my child, any and all risks associated with my child’s participation in Sternberg Museum Science Camps, travel, hiking and camping over the time period of the camp. I also agree to release FHSU and all landowners cooperating with Sternberg Museum Science Camps, and any of their agents, employees, trustees, or representatives, and to hold the same harmless, from any and all claims, including claims for negligence, arising out of my child’s participation in Science Camp.

Media Release
Throughout the Sternberg Museum Science Camps programs, we may interview, photograph or videotape your student for use in publications, television reports, newsletters, brochures, websites and public presentations. FHSU and the media may also wish to use your student’s work for educational or promotional reasons. Please provide your permission that your child’s photograph, work or voice may be used for promotional and educational purposes by checking the appropriate box and initialing by the statement:

☐ I give permission for FHSU and the media to use film, videotape, digital audio and visual recordings, and photograph images of my student for educational or promotional purposes. I understand that my student’s voice and/or student work may also be used for educational or promotional purposes. _______ (initials)

OR

☐ I do not give permission for FHSU and the media to use film, videotape and photograph images of my student for educational or promotional purposes. I understand that my student’s voice and/or student work will not be used for educational or promotional purposes. _______ (initials)

We have carefully read this contract. We understand and voluntarily agree to be bound by the provisions of this contract and associated policies of FHSU, including but not limited to Sternberg Museum policies and procedures, Science Camp policies and procedures, and Emergency procedures:

Date: _____________________________________________

Student’s printed name: ______________________________________________________

Student’s signature: _________________________________________________________

Parent/Guardian printed name: _______________________________________________

Parent/Guardian signature: __________________________________________________

Parent/Guardian printed name: _______________________________________________

Parent/Guardian signature: __________________________________________________