

THE BISHOP

Museum of Science and Nature

EMERGENCY MEDICAL TREATMENT AUTHORIZATION & Photo/Video Release Form

Student Name:	Date of Birth:	Parent/Guardian Name:
Museum Program (s):	Date of Program(s)	
Address, City, State, Zip	Age	Home / Cell Phone
Emergency Contact	Emergency Phone	

Please list ANY physical limitations, medical problems and special dietary needs. If no special considerations need be made, please write N/A.

RELEASE AND WAIVER OF LIABILITY: I give permission for The Bishop Museum of Science and Nature ("The Bishop") staff to provide any non-emergency first aid assistance they feel appropriate for the child named above. I also give permission to the doctor or hospital personnel to provide emergency medical treatment and or anesthesia to be administered in my absence. This authorization includes but is not limited to, any emergency treatment and/or surgical procedure(s) deemed necessary by the qualified personnel. I understand that by law, a health facility cannot provide needed treatment unless the parent/guardian is with the child or provides appropriate authorization.

I will be responsible for any and all medical expenses that may be incurred. In consideration of the right to participate in the Homeschool Program at The Bishop, I, for myself and my minor child, have and do hereby assume all risks and will indemnify and hold harmless The Bishop, its employees, trustees, officers, volunteers and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my child's participation in any activities sponsored by The Bishop, whether caused by ordinary negligence or otherwise. This signed agreement will serve as a release or assumption of risks for my heirs, executor and administrators, assigns, or next of kin and for members of my family. If any portion of this release is found invalid the balance will remain in full legal force and effect.

I also agree to instruct my child to cooperate and comply with all reasonable directions and instructions received from museum instructors or staff. I understand that any violation of these rules will result in consequences, potentially including dismissal from the class. I understand that if my child is dismissed, I will not receive a refund for the class. I understand that I am expected to sign my child in and out from homeschool classes.

Parent/Guardian Signature

Date

The undersigned hereby authorizes personnel from The Bishop to photograph, film, and/or interview the student named above during MSEE sessions. To prepare presentations, photographs, video and audio tapes, movie films, and computerized multimedia in which the student will appear, so as to inform the public about educational programs at The Bishop. All rights, royalties, and materials will belong to The Bishop.

PLEASE CHECK ONE:

_____ I, the undersigned, **hereby release and discharge** the South Florida Museum from any and all claims and demands arising out of or in conjunction with the use of visual and audio recordings.

_____ I, the undersigned, **do NOT agree with the above and do NOT** want my minor child to be photographed, filmed, and/or interviewed for the above purposes.

Guardian Signature

Date