

# THE BISHOP

## Museum of Science and Nature

### Science Camp Registration, Waiver & Payment Form Summer Camp 2021

**Camper's Name:** \_\_\_\_\_

(Please fill out one form per camper)

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  M  F      Age (between 7-11): \_\_\_\_\_      Entering Grade in Fall: \_\_\_\_\_

Known Allergies and/or Health Issues: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_      Child's Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_      City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_      Alt Phone: \_\_\_\_\_      Email: \_\_\_\_\_

Are you a Museum Member?     Yes, Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_     No

Emergency Contact: \_\_\_\_\_      Emergency Contact Phone: \_\_\_\_\_

**Waiver**

*As a parent or legal guardian, I give the child named on this registration form permission to participate in The Bishop Museum of Science and Nature's Summer Camp Program(s). I understand that some activities may involve a degree of risk. With my signature, I hereby release discharge and hold harmless The Bishop Museum of Science and Nature and its officers, trustees, employees, supervisors and volunteers from all claims including from any and all liability and responsibility in connection with such activities and hereby release all parties from liability by reason of accident or injury suffered by said child while engaged in such activities.*

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- Eligible Discovery Society Members..... **\$200** per session
- General Public ..... **\$250** per session

<input checked="" type="checkbox"/>	Sessions (check each week for which your camper is registering)			Total Session Fee
	Week 1: June 7-11	Surviving or Thriving: Species Survival		
	Week 2: June 14-18	Myths, Legends, and Unsolved Mysteries		
	Week 3: June 21-25	Under the Ocean		
	Week 4: June 28-July 2	Creative Chemistry		
	Week 5: July 5-9	Exploring the Elements: Natural Disasters		
	Week 6: July 12-16	Shooting for the Moon: Engineering and Space		
	Week 7: July 19-23	Scaly, Slimy, Spectacular		
		<b>Total Amount Enclosed</b>		

Continued on reverse.....

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Please list ANY physical limitations, medical problems, and special dietary needs. If camper will be taking medication during camp, you will be required to consult with camp staff and comply with The Bishop's medications policy.  
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 Bishop Science Camp Program, 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 Science Camp instructors or museum staff. I understand that any violation of these rules will result in consequences, potentially including dismissal from the camp. I understand that if my child is dismissed, I will not receive a refund for the camp.

I understand that all participants must follow all COVID-19 related rules and guidelines as detailed throughout the Museum or by Museum staff, including maintaining at least a 6-foot distance from other individuals. I understand that masks are required for all Museum guests over the age of 2. I understand that my child should stay home if they or anyone in our household: has exhibited any symptoms of COVID-19, has tested positive for COVID-19, is waiting on a test result for COVID-19, and/or has been in contact with anyone who has tested positive during the past 14 days. I understand that participants will be screened for fever prior to admission.

**Parent/Guardian Signature:**

**Date:**

**PHOTO RELEASE:** The undersigned hereby authorizes The Bishop personnel to photograph, film, and/or interview the Science Camp student named above during camp sessions and 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 Museum of Science and Nature.

PLEASE CHECK ONE

\_\_\_\_\_ I, the undersigned, **hereby release and discharge** The Bishop Museum of Science and Nature 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.

**Parent/Guardian Signature**

**Date:**