

# Operation Imagination: Summer Camp 2021

## Camper Information

Camper's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Please include information about your camper's mental, emotional, and social health that you believe is important for camp staff to know as it may affect your camper's ability to complete camp activities.

## Parent/Guardian Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Other Designated Adults Authorized for Pick Up & Emergencies

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize the International Museum of Art & Science (IMAS) to release my child to the person(s) authorized above after verifying their identity with a photo I.D. Unless otherwise given written permission, IMAS will not release my child to any other person. If I am filling out this form for a child other than my own, I have been given permission by the child's parent/guardian to designate adults to pick up their child and list other designated adults authorized for pick up and emergencies.

*Initial:* \_\_\_\_\_

## Late Pick Up Fee

I understand that if I fail to pick up my camper by 3:35 p.m., I will be responsible for a fee of \$5.00 each day I am late.

*Initial:* \_\_\_\_\_

## Candies & Snacks (Optional)

A daily snack and fruit juice is provided for campers. Occasionally, candies may be offered to the children during camps when the candy pertains to the lesson or educational activity. By signing below, I give IMAS staff permission to give these items to my child.

*Initial:* \_\_\_\_\_

## Photo Release (Optional)

I hereby authorize IMAS Staff to photograph or obtain quotes of my child, which will be utilized by IMAS for publicity purposes only. Photographs, videos, and quotes may be used on IMAS website, fundraising materials, editorial news stories, collateral material, other marketing uses. This authorization remains in effect indefinitely unless revoked in writing, and dated, signed by parent/guardian until the participant has reached the age of majority.

*Initial:* \_\_\_\_\_

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## Allergies & Topicals (Optional)

Does your camper have any allergies (including food, medications, environmental) or dietary restrictions?

If yes, please specify: \_\_\_\_\_

**Bug Repellant and Sunscreen:** I hereby authorize the Operation Imagination IMAS staff to apply Insect Repellant and Sunscreen sprays on my child as needed and before any outdoor activities.

**Initial:** \_\_\_\_\_

## Emergencies & First Aid

**Emergency Medical Authorization:** I authorize any and all emergency medical treatment necessary for my child while participating in Operation Imagination at IMAS.

**Initial:** \_\_\_\_\_

**First Aid:** I authorize IMAS staff to provide necessary first aid treatment to my child.

**Initial:** \_\_\_\_\_

## Medications (If Applicable)

Campers who must take emergency medications, such as an inhaler or epi-pen, during camp hours will self-administer medication under the observation of IMAS staff. If your camper needs to take other medication during camp hours, please fill out the information below. *If this **does not** pertain to your child, please skip this section.*

I hereby allow the IMAS staff to monitor the self-administration of the medications by the camper named above, including emergency medications such as epi-pens. If I am filling out this form for a child other than my own, I have been given permission by the child's parent/guardian to disclose the information below on their behalf.

**Initial:** \_\_\_\_\_

1. Medication: \_\_\_\_\_ Reason: \_\_\_\_\_ Dosage: \_\_\_\_\_

2. Medication: \_\_\_\_\_ Reason: \_\_\_\_\_ Dosage: \_\_\_\_\_

Notes: \_\_\_\_\_

## Waiver of Liability

1. By signing below, you expressly agree to assume all risks of injury to you, any minors in your care, your representatives, heirs, executors, administrators, agents and assigns that could arise as a result of your participation in International Museum of Art & Science programs. These risks could include, but are not limited to, risks of personal injury, disability or death, and risks of damage to your property.
2. By signing below, you agree to defend, indemnify and hold the International Museum of Art & Science, their officers, employees, agents and volunteers free and harmless from and against any and all claims, demands, causes of action, expenses, liabilities, losses, damages and injuries to property or persons (including myself or any and all minors in my care), including claims for injury and wrongful death, in any manner arising out of or incident to any acts, omissions, or willful misconduct of the undersigned arising out of or in connection with International Museum of Art & Science programs and facilities, including, without limitation, the payment of all damages, attorney's fees and other related costs and expenses.
3. The undersigned agrees on behalf of himself/herself, the minors in his/her care, and his/her representatives, to release the International Museum of Art & Science from any and all claims.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_