

**Hardin County History Museum Summer History Camp
Registration Form
June 8 – 10, 2016
Ages: Exiting 3rd Graders to Exiting 5th Graders**

Hardin County Summer History Camp will be from Wednesday, June 8 through Friday, June 10, 2016. We will begin at 9:00 a.m. and end at noon. Camp Fee is \$30.00 **and MUST BE attached** to this application to reserve your child's spot. Registrations must be received by May 25, 2016. If the camp is full when your registration is received, your camper will be placed on a reserved list, your check will be returned, and you will be contacted if a spot opens.

Child's Name: _____ Age: ____ Grade Completed: _____

Parent(s)' Name(s): _____

Complete Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Medical Information

Doctor's Name and Phone Number: _____

Medications: _____ Allergies: _____

Emergency Contact: Name, Phone Number, Relationship

1.) _____

2.) _____

Make Checks payable to: Hardin County History Museum
 201 West Dixie Ave
 Elizabethtown, KY 42701
 Attn: Summer History Camp

If you have any questions, please contact me at llaumeyer@comcast.net .

REQUIRED

Publication Consent Form

Please complete this form and submit with the application form for Summer History Camp

Dear Parent/Guardian:

At some time during the Hardin County Summer History Camp, Camp personnel or other Camp-authorized persons may videotape or photograph activities or special projects in which your child participates during the Summer History Camp for public awareness or fund-raising purposes.

This form covers permission for the Hardin County History Museum to record and use the recorded image, voice, or work of the child (photographed, filmed, taped, or digitally recorded) for public awareness purposes, including publication on the Hardin County History Museum's website, Facebook page, local newspaper, or any form of media associated with the Museum.

Please review this form carefully, sign and date the form, and submit the form with your application to the Hardin County History Museum.

Once signed and dated, this form shall remain in effect for your child for the duration of the Summer Camp. However, at any time during the Camp Session, you may amend this form only for future uses/preferences by notifying the Camp Director in writing of your request.

As the parent(s)/guardian(s) of _____ (Child's name), I/we give the Hardin County History Museum has permission to release my/our child's name, photograph, work, and/or audio/video reproduction for publication to the general public concerning History Camp functions and activities.

Name of Parents(s)/Guardian(s) (Please Print) _____

Parent/Guardian's Signature

Date

Waiver and Release of Liability

In consideration of the risk of injury while participating in the Summer History Camp (the Activity), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrator, assigns, or personal representatives knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or cause of action of any kind whatsoever arising out of my participation in the Activity, and hereby release and forever discharge the Hardin County History Museum, located at 201 W. Main Street, Elizabethtown, KY 42701, their affiliates, managers, members, agents, attorneys, staff and volunteers for any physical, psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to the Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PARALYSIS, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM, AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Hardin County History Museum against all claims, suits, or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Hardin County History Museum incurs any of these types of expenses, I agree to reimburse Hardin County History Museum.

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURIES OR PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to participants, volunteers, spectators, chaperones, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Hardin County History Museum AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, REPRESENTATIVE, AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Hardin County History Museum FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Hardin County History Museum, its agents, and employees.

In the event I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. A

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for an and all cost associated with any actions of neglect or recklessness.

This Agreement was entered into without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant _____, and Hardin County History Museum agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provisions contained within the Release of Liability shall be deemed to be severable to invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented.

<u>Emergency Contact</u>	<u>Contact Relationship</u>	<u>Contact Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name _____
Participant's Address _____
Participant's Signature _____
Date _____

PARENT/GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent / Guardian Name _____
Relationship to Minor _____
Signature _____
Date _____