

Bruce County Museum & Cultural Centre - Children's Programs
WAIVER AND ASSUMPTION OF RISK

I, _____ wish to have my child(ren) _____
(Parent or Guardian's Name) **(Child(ren)'s Name(s))**
participate in the above noted program at the Bruce County Museum & Cultural Centre. As part of registering my child(ren), I hereby agree as follows:

1. That I acknowledge that I am aware of the risks associated with this activity and the possibilities of accident or injury, which are inherent in this type of activity. I declare that my child(ren) is fully covered by medical, dental and hospital insurance, including emergency treatment, and that I am fully protected in case of an accident to my child(ren).
2. That I acknowledge that there are inherent risks associated with this activity and that my child(ren) could sustain personal injury through participation in this activity and I hereby accept to take that risk on behalf of myself and my child(ren).
3. To save harmless and keep indemnified the Children's Program and the Bruce County Museum & Cultural Centre and their respected agents, officials, servants and representatives from and against all claims and actions, costs and expenses and demands, in respect of injury, loss or damage or death to myself or my child(ren)'s person.
4. That I affirm that my child(ren) is in good health, capable of participating in the program and activities of the Children's Programs, and I accept personal risk on behalf of myself of myself and my child(ren) for the consequences of such participation.
5. That I agree that my child(ren) will follow the rules and guidelines of the Children's Program. If my child(ren) is not following the rules and guidelines, and is disruptive to the entire program, I will come and pick up my child(ren) from the program and forfeit any program fees paid.
6. That the entire program fee is non-refundable unless I provide notice of cancellation at least 24 hours prior to the start of the program.
7. That in the event of an accident or medical problem suffered by my child(ren), I consent to the Children's Program leaders to seek out the appropriate medical care.
8. That I declare this Waiver and Assumption of Risk is binding on me, my child(ren), my heirs, executors, administrators and assigns.

I have read this Waiver and Assumption of Risk and I fully understand all aspects of it.

(Signature of Parent/Guardian)

(Date)

Permission for offsite activities

I, _____ **Parent or Guardian's Name (please print)** do give permission for my child(ren) _____ to participate in offsite activities.

(Signature of Parent/Guardian)

(Date)

Permission for photographs

In the event that photographs may be taken of myself or my child(ren) during the course of participating in the Children's Programs I, _____ **(Parent or Guardian's Name - please print)** do give permission for these photos to be displayed or publicized in print or on the web at a later date.

(Signature of Parent/Guardian)

(Date)