

MEDICAL RELEASE FORM

In consideration of the High Desert Museum granting my minor child the opportunity to participate in the Kids Camp program, I,

(print name)

the undersigned, as parent or legal guardian of the minor, do hereby agree as follows:

I am aware that there are certain risks of injury and/or damage inherent in the program activities.

I understand that if my child misbehaves and/or is sick and needs to be sent home, I agree to pick him/her up at the time requested by camp staff.

I agree to disclose pertinent health history including overall physical, mental, and emotional health status. To the best of my knowledge and belief, the minor is not subject to a physical or mental infirmity nor under the influence of any medication or other substance that might hinder his/her safe participation in the program;

I will instruct the minor to abide by all safety regulations and to take reasonable precautions to minimize risk of injury or damage arising from participation in the program;

I give my consent to have the minor participate in all aspects of the program and I knowingly assume full responsibility for all risks of bodily injury, death, or property damage which the minor may sustain as a result;

I give my consent to have the minor transported by car, van, or chartered school bus, as part of the program.

I understand that the High Desert Museum has no obligation to obtain medical treatment for the minor. Should it be necessary for the minor to have emergency medical care while participating in the program, I hereby give the High Desert Museum personnel my permission to use their judgment in obtaining his/her medical care and I give permission to the medical care provider selected by the High Desert Museum personnel to render medical care deemed necessary and appropriate;

I understand that the High Desert Museum at its sole option but without obligation may procure insurance to cover all or part of such medical expense incurred by the minor. Accordingly, I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility;

I agree to keep the camp advised if I plan to be out of contact for any period of time during a camp session and to provide contact information;

Except for the gross negligence or willful misconduct of the High Desert Museum, I waive all rights of recovery which the minor or I may have now or in the future, whether known or unknown, against the High Desert Museum and its employees, and I release, acquit, and forever discharge the High Desert Museum from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands, causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, that result from or are in any way connected with the minor's participation in the program or any related activities.

I have carefully read this agreement. I understand what it means and my signature below is my own free act. I intend it to be legally binding on the minor and myself. I also acknowledge that I have read and understand the payment, refund, and condition of enrollment policies found in this camp brochure.

PLEASE LIST ANY ALLERGIES OR SPECIAL NEEDS:

Signature (**IMPORTANT:** Parent or Guardian's Signature required)

Parent's Name (Please Print)

Telephone

Camper's Name

Date

In emergency, if unable to locate parent/guardian, contact:

Name

Relationship to Child

Address

Home Phone

Work/Cell

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High Desert Museum 59800 South Highway 97 Bend, OR 97702 (541) 382-4754 x329