

**INFORMATION FORM**

Date of Program Children's Weekend Workshops DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

Address \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

List two people who may be contacted in an emergency (in case the parent/guardian cannot be reached):

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please fill out the following information:

1. List any known allergies \_\_\_\_\_

Explain allergic reactions and indicate medications used, if applicable \_\_\_\_\_

Can your child monitor his/her allergies (i.e. knows when to stay away from whatever causes the reaction?) \_\_\_\_\_

**If your child will be taking medication during Weekend Workshops, you must fill out a Self Administration Form. Please contact the Children's Workshop Coordinator at 303.370.8225.**

2. Are all vaccines current? \_\_\_\_\_

**Medical Release**

I verify that the above medical information about me or my child is complete and accurate. I have read the Museum's attached Statement of Policy Regarding Emergency Medical Treatment and Medication of Participants in Children's Programs and agree to be bound by such policies. I understand that the Museum will attempt to notify me, or one of the persons listed above, as soon as possible in the event of an emergency affecting my child. If immediate action is required, I hereby authorize the Museum to call for Emergency Assistance (911 or direct number) at my expense to provide whatever emergency medical or surgical treatment the emergency assistance providers deem necessary.

**Signed** \_\_\_\_\_

Date \_\_\_\_\_

**Photograph Release**

**The Denver Museum of Nature & Science occasionally takes photographs of children and adults for use in the Museum's magazine, brochures, and other publications. To authorize the use of photographs of your child, please sign below. Thank you.**

As the legal guardian of the Minor Child Participant, I hereby grant the Denver Museum of Nature & Science the right to use his/her photograph in publications concerning the Denver Museum of Nature & Science.

Minor Child's Name \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**DENVER MUSEUM OF NATURE & SCIENCE**  
**RELEASE FROM LIABILITY**

Dear Participant or Parent/Guardian of a Minor Child Participant:

You, or a minor child you represent, are enrolled to participate in an education program sponsored by the Denver Museum of Nature & Science ("Museum"). The program is described as follows:

Children's Weekend Workshops 2011

Attached to this Release From Liability is a Medical Information Form. It is imperative that you fill out the Medical Information Form completely and carefully. It is your responsibility to inform the Museum about any medical condition(s) that may affect in any way your ability or that of the Minor Child Participant you represent, to fully participate in the program or which would interfere with the other participants' ability to full participate in the program.

By signing this Release From Liability, you waive your right, and the right of the Minor Child Participant you represent, to hold the Museum and its trustees, officers, employees, independent contractors, volunteers, representatives, and agents (the "Museum People"), liable for any injury or loss suffered by you or the Minor Child Participant during the program. This means that by signing this Release From Liability, you give up the right to make demand upon the Museum and the Museum People for payment of any damages suffered by you or the Minor Child Participant during the program, whether such damages are caused by physical injury, loss of property, acts of a third party, or any other cause whatsoever. This Release From Liability executed on behalf of the Minor Child Participant does not release his/her prospective claims against a person or entity for a willful and wanton act or omission, a reckless act or omission or a grossly negligent act or omission as set forth in C.R.S. 13-22-107, effective May 14, 2003.

By signing this Release From Liability on behalf of a Minor Child Participant, you represent that you are the parent or legal guardian of the Minor Child Participant, whose name is \_\_\_\_\_, and that you are acting in that capacity when you release the Museum and the Museum People, as set forth in this agreement, from any liability for any damage or injury suffered by the Minor Child Participant while participating in the described program.

**THIS RELEASE FROM LIABILITY AND THE MEDICAL INFORMATION FORM ON THE REVERSE SIDE MUST BE SIGNED AND RETURNED TO THE MUSEUM PRIOR TO YOUR CHILD ATTENDING THE WORKSHOP(S).**

Sincerely,

DENVER MUSEUM OF NATURE & SCIENCE

By: \_\_\_\_\_ Andrea Hamilton, Children's Workshop Coordinator

AGREED to on this day \_\_\_\_\_,

By: \_\_\_\_\_  
As Parent/Guardian of the Minor Child Participant

By: \_\_\_\_\_  
Participant (if adult)

**THIS FORM MUST BE COMPLETED IN ENTIRETY AND RETURNED TO THE MUSEUM AT LEAST TWO WEEKS BEFORE THE DATE OF THE WORKSHOP. Please mail the completed form to the address below.**

**Denver Museum of Nature & Science**  
**Children's Workshops Box #8**  
**2001 Colorado Blvd**  
**Denver, CO 80205**