

**LIABILITY WAIVER (one child per form)**

**Mountain Top Children's Museum**

MTCM Summer Camp

License: 1511321

Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (initial)

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

city

state

zip

Local/Mailing Address: \_\_\_\_\_

(if applicable) Street

city

state

zip

Parent/Guardian's Name. Please include all: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail(s) \_\_\_\_\_

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**Carefully read the following authorization and  
Indemnification agreement and release form from liability**

I, \_\_\_\_\_ (parent/legal guardian) give permission for \_\_\_\_\_ (child/student)  
to participate in activities and trips as part of the class in which he/she is enrolled. If the child is not to participate in  
any specific activities please inform a director or supervisor. \_\_\_\_\_ (initial)

I give permission for my child's likeness, voice, and/or work to be photographed, videotaped, or recorded during events,  
classes, or activities for use in publications, media, advertising, or annual reports of the MTCM, without compensation.  
I give permission for other parents to photograph my child as part of classes, events or activities. \_\_\_\_\_ (initial)

I understand that my signature on this form releases the MTCM, its agents and employees from all liability at the above-  
mentioned events, programs, performances or activities. \_\_\_\_\_ (initial)

**Medical Authorization and Indemnification Agreement**

I further authorize the Mountain Top Children's Museum, Inc., at the discretion of any supervising employee, to obtain  
medical care for the Child and/or transport or arrange to arrange to transport him/her to the appropriate clinic or hospital  
if medical attention appears to be necessary. I understand that the Museum will make an effort to locate me in the event  
of such an emergency, but if it is not possible to locate me, I further authorize a licensed physician, dentist, or other  
medical care provider to carry out any emergency medical care of my child. I agree to pay all costs associated with  
such medical treatment and related transportation for my child.

I give permission for Mountain Top Children's Museum employees to apply sunscreen on my child. \_\_\_\_\_ (initial)

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_