



UTAH MUSEUM OF  
NATURAL HISTORY

*The University of Utah*

### Emergency Medical Authorization

*Fill out one form per person. All lines must be filled out.*

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies (food, medical, etc.): \_\_\_\_\_

Activity Restrictions or Precautions: \_\_\_\_\_

List any medications your child is taking: \_\_\_\_\_

List any special needs or important information about your child's medical history/behavior: \_\_\_\_\_

List 2 alternate people who may be contacted if your child should become ill or injured:

1. _____	2. _____
Name	Name
_____	_____
Phone	Phone

In the event of a non-emergency medical situation, the parents or designated alternates will be contacted for further instructions.

Listed below are the emergency procedures for the Utah Museum of Natural History and its partner organizations. In the event that your child needs emergency medical attention, the following steps will be taken:

1. Parents will be contacted for further instructions.
2. If contact with parents is unsuccessful, the Museum or its partner organizations will contact the designated alternates listed above.
3. If contact with designated alternates is unsuccessful, the emergency medical personnel will make a decision deemed appropriate in the treatment of your child.

I have read and understood the Utah Museum of Natural History and its partner organization's emergency procedures and authorize the Museum and its partner organizations to take the above listed steps for emergency and non-emergency medical situations.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



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## Drop-Off and Pick-Up Authorization Form

To ensure the safety of your child, at the Museum and at its partner organization locations, list any individuals, **other than yourself**, that are authorized to drop-off and/or pick-up your child before and/or after summer camp. *Please note that individuals not listed on this form will not be allowed to sign your child in or out for summer camp.*

Child's Name: \_\_\_\_\_

Authorized Individual (s):

1. \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship to Camper

2. \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship to Camper

3. \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship to Camper

4. \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship to Camper

5. \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship to Camper

6. \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship to Camper

**FIELD TRIP WAIVER and ASSUMPTION OF RISK,  
LIABILITY AND INDEMNIFICATION AGREEMENT  
UNIVERSITY OF UTAH and  
The Utah Museum of Natural History**

**IMPORTANT: THIS IS A LEGAL DOCUMENT.  
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.**

**This Agreement must be completed in order to participate in the activities associated with this program and course.**

**Participant (print full name):** \_\_\_\_\_

**Program:**                   **Utah Museum of Natural History Summer Camp 2009**

I, the undersigned, am the parent and/or legal guardian ("Parent/Guardian") of the minor Participant named above.

**TERMS AND CONDITIONS**

I authorize the Participant to participate in the above program at the Utah Museum of Natural History (UMNH) and/or at its partner organization locations. I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program that may expose the Participant to illness, injury, or death. Parent/Guardian of Participant freely and voluntarily allows participation in the program with the knowledge of the danger involved and hereby agrees to assume and accept any and all risk of injury or death.

**FIELD TRIP WAIVER, RELEASE, AND INDEMNIFICATION**

Parent/Guardian of Participant understands and acknowledges that the Utah Museum of Natural History (UMNH) and its partner organizations are not an insurer of Participant's behavior, actions or participation in the program, and that UMNH and its partner organizations assume no liability whatsoever for personal injuries or property damages to Participant or to third persons arising out of participation in the program activities. Parent/Guardian of Participant hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless UMNH and its partner organizations, and all of their officers, employees and agents (collectively the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or loss or damage to any property belonging to Participant arising out of or related to participation in the above named Program, and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.

Parent/Guardian of Participant agrees that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law. By signing this agreement, you are verifying the following:

- ◇ Participant does not have any medical conditions that would prevent participation in Program.
- ◇ Participant has adequate health insurance to cover the costs of treatment in the event of any injury
- ◇ Participant shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

**PARENT/GUARDIAN OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PARTICIPANT OR PARENT/GUARDIAN OF PARTICIPANT AND THE RELEASEES AND SIGNS IT OF HIS OR HER OWN FREE WILL.**

Parent/Guardian Authorization: The person herein described has permission to engage in all camp activities except noted. I hereby give permission to UMNH and its partner organizations to seek emergency medical treatment on behalf of the Participant

I am signing this Agreement on behalf of a minor Participant. I acknowledge that I am the Parent/Guardian of the Participant and that I understand the terms of this Agreement. I also acknowledge that these terms shall bind my heirs and personal representatives and the heirs and personal representatives of Participant

\_\_\_\_\_  
**Signature of Legal Guardian and/or Parent of Participant**

\_\_\_\_\_  
**Date**



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## Photo Release Form

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

Parent/Guardian Name: \_\_\_\_\_

◇ I authorize the Utah Museum of Natural History and its partner organizations to take and use without payment any photographs, slides, or video-tape of my child as may be needed for public relations, marketing/advertising in print or on our website, or internal training purposes. Please note that if a child's photo is used in any manner by the Museum or its partner organizations, their name will not be used and, if necessary, their nametag will be shaded out.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

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◇ I do not want my child's photo taken in any way. This will mean that if group photos are taken, your child will not be involved.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



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## Camp Behavior Form

Name of Camper: \_\_\_\_\_

Parents please go over these rules with your child and then have them sign below.

### Camp Rules:

1. I will only leave camp with an adult I know.
2. I will respect fellow campers, instructors, assistants, volunteers, and University property.
3. I will participate in all camp activities to the best of my ability.
4. I will act in a safe and responsible manner.
5. I will have fun!!

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date