

Carver County Historical Society

Waiver of Liability

I, the undersigned, give permission for my child to attend History Camp at the Carver County Historical Society. I understand that participants in the Day Camp will be involved in various outdoor and indoor activities. I hereby release Carver County and the Carver County Historical Society, their officers, directors, agents and employees from any claims, demands, injuries, damages, actions or causes of action whatsoever arising out of or connected with my child's participation in the History Day Camp.

The undersigned acknowledges that he/she has read and understands the above waiver and release, has authority to sign the waiver on behalf of the child, and is signing this document voluntarily.

Camp Name _____

Camp Date _____ Camp Session: PM AM

Signature of Parent _____

Name of Child _____

Street Address _____

City _____ State _____ Zip _____

Parent's telephone (H) _____ (W) _____

(C) _____

Email (to receive photos from camp): _____

Please note any medical concerns or allergies _____

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I hereby grant the Carver County Historical Society permission to use mine and my child(ren)'s likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the Carver County Historical Society, in perpetuity, and for other use by the Historical Society. I will make no monetary or other claim against the Carver County Historical Society for the use of the photograph(s)/video.

Name _____

Signature _____



History Camp Registration

Space is limited to 12 children for each camp to provide the best possible experience for your children. Accommodations will be made for siblings who would like to attend together. For more information please call Heidi Gould at (952) 442-4234. The Carver County Historical Society reserves the right to cancel if fewer than 5 children register. Please return this registration form with your liability waiver and photo release forms.

Registration Information

Child's Name: _____ Age: _____ Grade: _____

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Child's Name: _____ Age: _____ Grade: _____

Address: _____

Phone Number: _____

Parent's Name: _____

Please select which camp(s) your child(ren) will be attending, which session, and how many in each session.

	<u>Member</u>	<u>Non-member</u>
___ Languages, June 24-28 (grades 4-6)	\$50	\$60
___ Jr. Curator, July 15-19 (grades 4-6)	\$50	\$60
___ Pioneer Camp, July 22-26 (grades K-3)	\$50	\$60
___ Pioneer Camp, July 29-Aug. 2 (grades K-3)	\$50	\$60

Amount enclosed: _____

(Please make checks payable to the Carver County Historical Society.)

Please mail completed registration form and payment to:

Carver County Historical Society

555 West First Street

Waconia, MN 55387