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						
Gity	State		Zip			
Parent's telephone (H)		(W)				
(C)						
Email (to receive photos from ca	mp):					
Please note any medical concern	s or allergies					
I hereby grant the Carver County photograph(s)/video in any and or hereafter existing, controlled l by the Historical Society. I will r Society for the use of the photog	all of its publications by the Carver County nake no monetary or	and in any and a Historical Societ	all other media, who y, in perpetuity, an	ether n ad for o	ow known ther use	
Name						
Signature						



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. Please note Summer History Day Camps offer food and other craft activities using natural materials, please note any allergies or dietary exceptions for your child on the liability waiver. For more information please call Miles Jewell at (952) 442-4234. The Carver County Historical Society reserves the right to cancel if fewer than 3 children register. Please return this registration form with your liability waiver and photo release forms.

Registration Information

Child's Name:	Age:	Grade: _	
Child's Name:	Age:	Grade:	
Child's Name:	Age:	Grade:	
Child's Name:	Age:	Grade:	
Address:			
Phone Number:			
Parent's Name:			
Please select which camp(s) your child(ren) will be atte	nding, which	session, and	how
nany in each session.		Member	Non-member
Pioneer Camp, June 9-11 (ages 6 - 12)		\$90	\$100
Civil War Camp, July 14-16 (ages 8 - 14)		\$90	\$100
Amount enclosed:			
(Please make checks payable to the Carver C	County Histor	rical Society.)

Please mail completed registration form and payment to:

Carver County Historical Society

555 West First Street

Waconia, MN 55387