## 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 10 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 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**

Uniid'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	attending, which s	session, and h	ow
Please select which camp(s) your child(ren) will be many in each session.	attending, which s	session, and ho	
- · · ·	attending, which s		on-member
many in each session.	C.	<u>Member</u> <u>N</u>	on-member \$60
many in each session.  Pioneer Camp, June 7th (ages 6 - 12)	C.	Member N \$50	%60 \$60 \$60
many in each session. Pioneer Camp, June 7th (ages 6 - 12) Lumberjack Camp, June 8th (ages 8 - 1	4)	Member N \$50 \$50	%60 \$60 \$60

(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