

Waiver and Release of Liability

A Waiver and Release of Liability must be completed and submitted for every participant and presented at check-in.

Parent/Guardian Name _____

Participant's Name _____

Participant's Birthdate _____

Address _____

Phone _____

Program Name/Date _____

In consideration for being allowed by the World of Wonders Science Museum, Inc., ("Museum") to participate in our various children's programs ("Program"), I hereby agree that:

My child agrees to accept and abide by the rules and policies of the Program as established by the Museum and to obey the direction of the Museum's representatives.

I understand that neither medical nor health insurance coverage is supplied by World of Wonders Science Museum, Inc., and that my child is responsible for all insurance coverage.

I understand that participation in the Program exposes my child to a variety of hazards and risks, foreseen and unforeseen. These hazards and risks include, but are not limited to, serious personal injury, property damage, and death ("Injuries and Damages"). I understand that Injuries and Damages can arise as a result of negligence or otherwise, from natural causes, physical conditions, science experiments, and recreational activities.

In consideration for my child's acceptance and participation in the Program and intending to be legally bound, I agree that:

My child's participation in the Program is voluntary and I and my child voluntarily assume all risks associated with my child's participation in the Program. I understand that the Museum does not assume any responsibility for any Injuries and Damages arising from or connected with my child's participation in the Program.

This Waiver and Release of Liability is intended to be as broad and inclusive as permitted by law and governed by the laws of the State of California. If any provision or any part of any provision of this Waiver and Release of Liability is held to be invalid or legally unenforceable for any reason, the remainder of this Waiver and Release of Liability shall not be affected thereby and shall remain valid and fully enforceable.

MY CHILD, A MINOR, AND I, ("WE") RELEASE AND DISCHARGE THE WORLD OF WONDERS SCIENCE MUSEUM, INC., AND ITS ATTORNEYS, ACCOUNTANTS, AGENTS, EMPLOYEES, REPRESENTATIVES, SUCCESSORS AND ASSIGNS, CO-PARTNERS, CO-VENTURERS, INSURERS, PREDECESSORS, PAST AND PRESENT, AND EACH OF THEM ("RELEASEES") FROM ANY AND ALL CLAIMS, DEMANDS, LIABILITIES, CAUSES OF ACTION, OBLIGATIONS, COSTS, EXPENSES AND FEES RELATIVE TO OR IN CONNECTION WITH THE PROGRAM OR ACTIVITIES, WHICH WE

**MEDICAL INFORMATION AND
AUTHORIZATION FOR THIRD PARTY CONSENT
TO MEDICAL TREATMENT**

I am the ___ parent ___ legal guardian ___ other person having legal custody of _____, a minor.

I hereby authorize any agent of the World of Wonders Science Museum, Inc., (“Museum”) to act as my agent to consent in advance to whatever medical treatment or procedures might be necessary for the minor in case of injury or illness during our various children’s programs (“Program”). Such treatment may include, but is not limited to, anesthesia, X-ray examination and medical or surgical diagnostic procedure, and shall be in the best judgment of the attending physician. I understand that every reasonable effort will be made to reach me in case of serious illness or injury.

I understand that in the event of an emergency, such as an accident or sudden illness, the Museum, in its discretion, may call 911.

I understand the nature of the Program and believe that the minor is able to participate safely in the Program with the following restrictions on activities, foods, etc.:

The following medications are to be taken by the minor:

The minor is currently being treated for the following conditions:

All medication, except those which must be kept in the minor’s possession for emergency use, MUST be kept and distributed by the staff of the Museum. All medication must be registered on this form.

Print Name

Signature

Date

Parent or Legal Guardian of Participant is a Minor:

Print Name

Signature

Date

MEDICAL INFORMATION

Minor's date of birth _____

Primary care physician and telephone number:

Insurance company and policy number:

Mother's name, address and telephone number:

Father's name, address and telephone number:

Names and telephone numbers for two (2) people (relatives, friends, etc.) to contact in the event of emergency if the parents or legal guardians cannot be reached:

Parental Consent Photo Publication

World of Wonders Science Museum does not publish photos of minor children/youth without the consent of a parent or guardian. If you are willing for your child's photo(s), taken at our various children's programs, to be published, we ask that you read this consent form, then sign and date it. Please note that we DO NOT publish the NAMES of individual minors and are asking consent to publish images only.

World of Wonders Science Museum has my permission to use photos of my minor child taken at these events in print form and/or electronically, including on the World of Wonders Science Museum website, and other World of Wonders Science Museum publications.

Minor's Name

Parent/Guardian Name (print)

Parent/Guardian Signature

Date