

Tobacco Farm Life Museum AgCamp Registration Form

Camper Name: _____ Age: _____

2024 Tobacco Farm Life Museum AgCamp Release and Waiver of Liability

The Tobacco Farm Life Museum's Board of Directors and Staff are excited to be offering the 2024 AgCamp. The week will be filled with hands-on activities as well as informative and entertaining programming.

AgCamp will take place July 29th – August 2nd from 9am-3pm for ages 7-12.

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releaser, on my own behalf, and on the behalf of my heirs, executors, administrators, legal representatives and assigns to the Board of Directors for Tobacco Farm Life Museum. (TFLM).

The undersigned hereby acknowledges that participation in the above named activity involves inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of TFLM allowing the undersigned to participate in the above named activity for which or in connection with which the Museum has made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge TFLM Board of Directors, and its officers, agents and employees of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above named activity.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant's immediate care.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me, and I hereby fully and forever release and discharge TFLM, its officers, employees, and insurers from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this summer camp.

I understand that the acceptance of this release and waiver of liability by the Board of Directors of Tobacco Farm Life Museum shall not constitute a waiver in whole or in part of immunity by said Board, its members, officers, agents, and employees.

I have read the above carefully before signing. Furthermore, I understand that this release and waiver of liability shall be effective for a period of time for the dates listed above.

_____ Release and waiver of Liability

(Initials) *I have read and fully understand the Release and Waiver of Liability Agreement and release of all claims.*

Tobacco Farm Life Museum AgCamp Registration Form

Camper Name: _____ **Age:** ____

Child

First _____ Middle _____ Last _____

Gender: Male __ Female__

School Name _____ Grade _____

Birth date ____/____/____ Age (as of June 30, 2022)

Street Address _____

Town/City _____ State _____ Zip code _____

Child's Home Phone _____

Child's T-shirt size (please circle one): children's size: 7-8 10-12 14-16

Adult's size: s m l xl

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ____ Zip Code _____

Home Phone _____ Work Phone _____

Cell phone _____ FAX _____

E-mail _____

Occupation _____

Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ____ Zip code _____

Home Phone _____ Daytime phone _____

Cell phone _____ FAX _____

E-mail _____

Occupation _____

Employer _____

Child lives with:

Tobacco Farm Life Museum AgCamp Registration Form

Camper Name: _____ **Age:** ____

Person responsible for payment:

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Relation to child _____

Please list other adults in addition to parents/guardians who are permitted to pick up your child/children:

1: _____

2: _____

3: _____

Medical Release Information

Insurance Information

Policy Number _____

Name of Health Insurance Provider _____

Primary

Physician _____

Address _____

Phone _____

Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

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Camper Name: _____ **Age:** _____

Medical Problem or required treatment

Should paramedics be called?

Yes/No
Yes/No
Yes/No

Is your child presently being treated for any injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any types of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill, including but not limiting the transportation of your child to a hospital, emergency room or calling the local rescue squad or ambulance.

Parent's/Guardian's Initials _____

I understand that the Tobacco Farm Life Museum will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

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TUITION INFORMATION - \$150.00

Please circle how you heard about the TOBACCO FARM LIFE MUSEUM AgCamp.

After School Program Website Word of Mouth Flyer

School: _____ Other: _____

Terms of Agreement

Photo Release

I hereby give permission for my child/children to be photographed during the **TOBACCO FARM LIFE MUSEUM AgCamp**. I understand the photos will be used to keep a journal of activities, share during presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspapers and on the internet. I understand that although my child/children’s photograph may be used for advertising, his or her identity will not be disclosed. I will not receive compensation and all photos are the property of TOBACCO FARM LIFE MUSEUM AgCamp and its affiliates.

Parent’s/Guardian’s Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **TOBACCO FARM LIFE MUSEUM AgCamp** activities by modes of transportation agreed to by the camp organizers.

Parent’s/Guardian’s Initials _____

The TOBACCO FARM LIFE MUSEUM AgCamp and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Child/children’s photos and quotes may be used for publicity purposes. In case of an emergency and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. CPR/First Aid Certified Staff, EMT, First Responder, and/or Physician).

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____