



touch history

## Museum of the Rockies Summer Camp Registration Form

Camper's Name: \_\_\_\_\_ Grade (Fall 2010): \_\_\_\_\_ Male  Female

Parents' Names: \_\_\_\_\_ MOR Member? Yes  No

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent's email: \_\_\_\_\_

*Please enroll my camper for the following MOR Summer Camps...*

Summer Camp Title	Grades	Date(s)	Fee
			\$
			\$
			\$
			\$
<b>Total amount</b>			\$

Emergency Contact Name (if parents cannot be reached): \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Camper's Allergies: \_\_\_\_\_

Camper's Dietary Restrictions: \_\_\_\_\_

Medications that camper will need to take while at camp (attach a schedule of when taken):

Physical limitations \_\_\_\_\_

Any other needs: \_\_\_\_\_

Please return this Registration form with the MOR Camp Release Form and full payment to:

*Summer Camp Registration*

*Museum of the Rockies*

*600 W. Kagy Blvd.*

*Bozeman, MT 59717*

*Please call 406.994.6618 with any questions.*

## Museum of the Rockies Camp Release Form

I, \_\_\_\_\_, parent of \_\_\_\_\_, hereby agree to allow my child to participate in the Museum of the Rockies' Summer Camp Program. I understand and acknowledge that by allowing my child to participate in this activity, I will be responsible for damage to property of the Museum and private parties caused by my child, and for any injuries to my child or other parties, which may result from his/her participation in this activity.

I, \_\_\_\_\_ (parent's name), give permission to the Museum of the Rockies' camp directors to transport my child in a state vehicle to and from areas in the Gallatin Valley for field trips.

I, \_\_\_\_\_ (parent's name), give permission to the Museum of the Rockies' camp directors to take my child for emergency treatment if necessary.

### Release for Use of Name, Photograph, and Statement

For good and valuable consideration, receipt, and sufficiency of which is acknowledged, I grant to the Museum of the Rockies, and to other such persons as the Museum of the Rockies may designate from time to time, the absolute right and permission to use in perpetuity my name, image (on still and/or video footage), photograph, and my unsolicited statement, a copy of which is attached hereto, either alone or accompanied by other material, in any manner, throughout the world, for the purpose of advertising, publicity, trade, or any other lawful purpose whatsoever, in any media now known or ever developed. Said statement may be reproduced and published in whole or in part and may be modified and adapted in any manner to facilitate its use in advertising and/or publicity, so long as the general sense of the statement is not changed. I warrant and represent that all of the facts contained in said statement accurately reflect my opinions and experience. I agree that I will not hold the Museum of the Rockies or anyone who receives permission from them, responsible for any liability resulting from use of my name, image, or photograph and my statement in the manner described above.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

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*Museum of the Rockies*

*600 W. Kagy Blvd.*

*Bozeman, MT 59717*

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