

Durango Discovery Museum Parental/Guardian Release of Liability

Child' Name: _____ **Age and Birth date:** _____

Parent's Name: _____ **Phone Number:** _____

Parent's Email Address: _____

Alternate Emergency Contact: _____ **Phone Number:**

Address/State/City: _____

Child's Physician: _____ **Physician's Phone:** _____

Please identify any Special needs, Allergies, Diet restriction, or Medications below:

The Durango Discovery Museum and Durango Discovery Kids often photograph and/or videotape our educational programs. The photographs/videos become property of the museum and will be used to further promote our programs.

*****(Please check one)*** My child **CAN** **CANNOT** be photographed or videotaped for the use of DDM/DDK promotional materials only.

I hereby authorize an emergency service agency and physicians or dentist associated with it administer whatever medical care in their professional opinion is necessary for my minor child listed above. The museum, hospital, and any emergency service agency and their associated physicians, surgeons and/or dentists have the authority to consult as necessary. This authorization is valid while my child is enrolled in Museum Programming both on-site and off-site, or until revoked by me in writing.

I further agree to indemnify, hold harmless, release and forever discharge the staff, volunteers and Board of Directors of the Museum and all its officers, agents, or assistants from any claims which I or my heirs, or any persons acting on my behalf have or may have against the Museum by reason of any accident, illness, or injury or other consequences arising or resulting directly or indirectly from the participation of my minor child identified above in museum programs or events. This authorization is good while my child is enrolled in museum programming or until revoked by me in writing.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____