



Dear Parent:

Thank you for your interest in the Columbus Museum Summer Camps. Enclosed with this letter you will find three forms that must be filled out and returned in the provided envelope:

- Summer Camp Registration
- Release Agreement: Summer Camp
- Photo Release Form

Students will be getting a snack so please list **all** allergies, **food and non-food**, on our registration form! Included with these forms are detailed descriptions of the camp as well as a procedure outline for drop-off and pick-up. When registration packets are returned, payment for the camp must be paid. Payment must be made to hold the reservation. We look forward to having you and your child at the museum this summer.

Sincerely,

Brena Meadows
Youth & Family Programs Coordinator
The Columbus Museum

(706) 748-2562 x652

bmeadows@columbusmuseum.com



2010 Summer Camp Registration

Student's First Name Last Name Age

Guardian's First Name Last Name

Address City State Zip

Home Phone Work Phone Cell Phone

Camp Attending (please choose each camp you wish to register for):

- DATE: June 1-4, 2010 Basic Drawing (ages 5-7)
 DATE: July 20-23, 2010 Modern Art (ages 5-7)

Please return with release forms to:

The Columbus Museum
Attn: Brena Meadows
1251 Wynnton Road
Columbus, GA 31906
706-748-2562 ext 652

**Be sure to include release forms with registration!
Please include payment with these forms.**



Summer Camp Release Agreement

June-July 2010

Child's Last Name

Child's First Name

Age

Grade Entering in Fall

Parent/Guardian Name

Address

City

State Zip

Home Phone

Work Phone

Cell

Emergency Contact

Relationship

Phone

My child has the following medical conditions, allergies, and/or special needs:

(list all allergies, food and non-food related)



The following additional persons are authorized to pick up my child. (These individuals may be asked to show identification at the time of pick up.)

I am the parent or guardian of the above named child, referred to in this agreement as “my child”, who is going to participate in the _____ Camp, sponsored by The Columbus Museum. I understand that The Columbus Museum have a Board of Trustees, employees, and volunteers who carry out their programs. This agreement applies to anyone acting on behalf of The Columbus Museum. The Columbus Museum will take all reasonable steps to provide a safe environment for all persons who participate in their activities. On behalf of my child and myself, I hereby waive, release, and discharge any and all claims and damages for personal injury, death, or property damage, other than those specifically excepted below, which my child may sustain or which may occur as a result of my child’s or my participation in these activities.

I understand that:

1. This release is intended to discharge in advance the Columbus Museum their Boards, employees, and volunteers from any and all liability, except for their sole negligent or intentional acts, connected in any way with the participation of my child in these activities.
2. The activity in which my child participates may be of a strenuous and/or physical nature.
3. I hereby assume any and all risks of injury, death, or property damage and release and hold harmless the Columbus Museum and their Boards, employees, and volunteers, except for their or their agent’s sole negligent or intentional acts.



4. This agreement and assumption of risk is to be binding on the heirs and assigns of my child and myself.

5. I will hold the Columbus Museum harmless from any loss, liability, damage, cost, or expense, including cost of litigation, which may be incurred as a result of any injury and/or property damage which my child may sustain or cause while participating in said activities, unless resulting from their or their agent's negligent or intentional acts.

6. I will make good any loss or damage the Columbus Museum may have to pay if any litigation arises on account of any claim made by my child or anyone on my child's behalf, unless resulting from their or their agent's negligent or intentional acts.

8. In the event that my child requires medical or surgical treatment while under the supervision of the Columbus Museum, personnel of those organizations in connection with the described activity may authorize necessary emergency medical treatment.

9. I hereby give consent to the Columbus Museum to photograph or videotape my child. I understand the photographs may be included in program scrapbooks, educational materials, for archival purposes and/or in the promotion of Columbus Museum programs in newspapers, slide shows, or other media.

I certify that I am the parent of the above named child or that I have custody or am the legal guardian of the above named child by court order and that my child is physically able to participate in the described activities.

I have carefully read this Release Agreement and fully understand its contents. I am aware that this is a release of liability contract between the Columbus Museum and myself, and I sign it of my own free will.

Signature

Date



Procedures

- Classes are held in the education Studio located on the lower level of the Museum across the hall from TRANSFORMATIONS, the children's hands on gallery.
- Please enter and exit the Museum through the Museum Lobby.
- Each parent is expected to escort their child to the studio each day. Please be on time! Class starts at 1:00 PM on the dot.
- Each parent is expected to pick their child up from the studio each day. Please be on time! Class ends at 4:00 PM.
- **Only the people listed on the Release Agreement will be allowed to pick up your child.** They will be required to show ID. This is for the safety of your child. If you need someone other than the people listed on your release form to pick up your child you must notify the Youth & Family Programs Coordinator in advance.
- Each child will receive a snack every day. Please **list all allergies** on the Release Agreement.
- Children will be accompanied by an adult at all times while in the Museum.
- Some camps include outdoor activities that will take place in the Museum Garden.
- Ensuring your child has a fun, educational, and safe camp is our goal. Please help us in this endeavor.



PHOTO RELEASE FORM

Dear Parents and Guardians:

We are excited to have your child participating in

_____ at the Columbus Museum.

This educational program is being documented so students, teachers and the general public may view the outcomes of arts education. In-class photography may be used for educational purposes at conferences and seminars, education program brochures printed for the Columbus Museum, and assessment evidence for foundations or grantors that fund the project. Students are never identified using their full names.

Below is a consent form asking for your permission to allow videotape and/or photographs of your child's activities in this program. Your child is welcome to participate in this art program even if you do not allow him or her to be photographed.

Please bring this form with you on the first day of class/camp or return it to the Museum using the pre-paid envelope provided. If you have any questions, you are welcome to contact Brena Meadows at 706.748.2562, ext. 652.

- YES, I give permission for my child to be photographed and videotaped for educational publicity materials.**
- NO, I do not give permission for my child to be photographed or videotaped.**

Child's Name: _____

Parent/Guardian Signature Relationship Date



The Columbus Ledger-Enquirer often covers our camps and classes in their publication. Their coverage is in no way associated with or shared between the educational photos taken by the Columbus Museum.

Photo Release for the **Columbus Ledger-Enquirer:**

I do hereby consent and agree that **Columbus Ledger-Enquirer** employees or agents have the right to take photographs or record video of me or my minor child and to publish our full names and to use these in any and all media, now or hereafter known, and for any purpose whatsoever.

I do hereby release to the **Columbus Ledger-Enquirer** or its agents and employees all rights to exhibit this work in print and electronic form publicly or privately. I wave any rights, claims or interest I may have to control the use of my identity or likeness in the photographs and agree that any uses described herein may be made without compensation or addition consideration of me. I further agree to waive any and all claims against the Columbus Museum and the Columbus Enquirer arising out of the use of my child's photograph in the Columbus Ledger-Enquirer, its web site or its affiliates.

I am the legal guardian for the minor child, listed below, and have read and understand the foregoing statement, and am competent to execute this agreement.

- Yes, the Ledger-Enquired may photograph my child.**
- No, the Ledger-Enquirer many NOT photograph my child.**

Child's Name: _____

Parent/ Guardian Signature Relationship Date

Address

Telephone

Email