

# **imaginarium** Hands-On Museum & Aquarium

## **Camp Imaginarium - 2010 Emergency Information & Release Form**

Camper Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY:** I, the undersigned, in my individual capacity as parent or guardian of the minor child named above, hereby release and hold harmless the Imaginarium /SWFMH/City of Ft. Myers, its employees, instructors, volunteers, and supervisors, from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my child's participation in any activities sponsored through the Imaginarium/SWFMH/City of Ft. Myers, whether caused by ordinary negligence or otherwise; or damages, both personal and property, arising out of or as a result of said minor child's attendance at Camp Imaginarium or Fun at the Fort Adventure Camp, including transportation of Fun at the Fort Campers to and from the Imaginarium and SWFMH. I assume all risks incident thereto with respect to myself and to any other individuals for whom this registration is made. I give permission for Imaginarium/SWFMH/City of Ft. Myers staff to provide any medical assistance they feel appropriate for my child named above. I also give permission for any emergency personnel to treat my child in the event of an emergency. I will be responsible for any and all medical expenses that may be incurred. In case of an emergency, the Imaginarium/SWFMH/City of Ft. Myers has my permission to have my child transported to and treated at Lee Memorial Hospital. This signed agreement will serve as a release or assumption of risks for my heirs, executor and administrators, assigns, or next of kin and for members of my family. If any portion of this release is found invalid, the balance will remain in full legal force and effect.

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

**PHOTO RELEASE:** By initialing, I hereby authorize the Imaginarium/SWFMH/City of Ft. Myers personnel to photograph, film, and/or interview the student during an Imaginarium/SWFMH/City of Ft. Myers program, to prepare slide presentations, photographs, video tapes, audio tapes, movie films, and computerized multimedia in which the student named above will appear, so as to inform the public about the education programs at the Imaginarium/SWFMH/City of Ft. Myers. All rights, royalties, and materials will belong to the Imaginarium/SWFMH/City of Ft. Myers.

**PLEASE INITIAL ONE:** \_\_\_\_\_ YES, the Imaginarium/SWFMH/City of Ft. Myers may photograph, film, and/or interview my minor child.  
\_\_\_\_\_ NO, the Imaginarium/SWFMH/City of Ft. Myers may not photograph, film, and/or interview my minor child.