



# Working Wonders Children's Museum INFORMED CONSENT/PARTICIPANT RELEASE

Date: \_\_\_\_\_

Child: \_\_\_\_\_ age: \_\_\_\_\_  
Child: \_\_\_\_\_ age: \_\_\_\_\_  
Child: \_\_\_\_\_ age: \_\_\_\_\_

I, the parent or guardian of the above named participant(s), understand the risk of injuries to person and property (both known and unknown) resulting from activities sponsored by Working Wonders Children's Museum (WWCM). I hereby acknowledge, accept and agree to assume all risks and hazards incidental to participation in such activities. In consideration of the services and activities provided by WWCM, I hereby voluntarily release, forever discharge, and agree to defend, indemnify and hold harmless WWCM and its directors, employees and agents from and against any and all claims, demands, injury or causes of action, resulting from the above participant(s) participation in any such services and activities. I further agree to defend, indemnify and hold harmless WWCM and its directors, employees and agents from and against any and all claims, demands, injury or causes of action which may be brought by, or on behalf of any above-named minor participant, that are in any way connected with participant's participation in such services and activities. I also hereby release from liability and waive any and all claims against any person or entity who, on behalf of WWCM, is involved in the transportation of participant in connection with WWCM activities.

I understand there is no insurance coverage provided by WWCM for participant and that such coverage constitutes the full and complete responsibility of the participant and/or the undersigned, and I hereby certify that I have adequate insurance to cover any injury. I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that either a licensed physician or trained emergency care technician may provide such treatment. I agree that WWCM may use, produce, disclose and distribute participant's name and/or likeness and the information included on this registration form by WWCM. I acknowledge that I have read, fully understand and accept the above provisions; payment and refund policies and I recognize that WWCM is relying on such acceptance in permitting participant to engage in WWCM activities. I agree that the validity and enforceability of this Informed Consent/Participant Release will be governed by the substantive law of Oregon, without regard to its conflict of law rules.

I CERTIFY THAT I HAVE READ THIS ENTIRE DOCUMENT, AND THAT I UNDERSTAND IT AND AGREE TO BE BOUND BY ITS TERMS.

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

Who, other than a parent or guardian is authorized to pick up your child:

\_\_\_\_\_  
\_\_\_\_\_

In case of serious illness or accident to above named child/children I hereby grant permission to any qualified physician or medical care center to provide emergency medical treatment for my child. In the event an injury or illness is so severe that immediate medical treatment is necessary WWCM will exercise good judgment by calling 911. The parent/guardian will be contacted as soon as possible.

Phone #'s: Mom daytime phone #: \_\_\_\_\_ Mom cell phone #: \_\_\_\_\_

Dad daytime phone #: \_\_\_\_\_ Dad cell phone #: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency daytime phone #: \_\_\_\_\_ Emergency cell phone #: \_\_\_\_\_

Is your child taking any medications? Yes \_\_\_ No \_\_\_

Please list medications: \_\_\_\_\_

Allergies or other health info: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_