



**SUMMER YOUTH PROGRAMS 2020
PARTICIPATION INFORMATION FORM**

Personal Information

Child's Name _____ Age _____ Date of Birth _____
Parent/Legal Guardian 1 _____ Phone _____
Parent/Legal Guardian 2 _____ Phone _____
Address _____

Emergency/Medical Information

The following people have permission to pick up my child (in addition to parents/legal guardians):

Please list an emergency contact in the event that neither parent/legal guardian can be reached.
Emergency Contact _____ Relationship _____ Phone _____
Name of Child's Doctor _____ Phone _____
Insurance Company _____ Policy Number _____
Does your child have any allergies or special needs that we need to be aware of? _____ Yes _____ No
If yes, please explain in detail

Does your child have a behavior aide that will be present during camp? _____ Yes _____ No
Does your child take any medications? _____ Yes _____ No
If yes, please list the medication and what times your child takes the medication

Please note: In order to assist with the administration of medication during the camp day, the Museum must receive completed Medication Authorization and Physician's Directions forms prior to the first day of camp.

Please note: Photo ID will be required at pick up.

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Authorization for the Treatment of a Minor:

I, _____, as (circle one) the parent/legal guardian of _____, a minor, have authorized my child to participate in The San Diego Museum of Art summer program from [INSERT] to [INSERT]. In the unlikely event that my child requires emergency medical treatment while participating in the program, I hereby authorize The San Diego Museum of Art to act as my agent, in my absence, for the purpose of consenting to such treatment including, without limitation, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care or service, which is advised by and rendered under the general or specific supervision of any California licensed health care provider including any physician, surgeon, paramedic, medical staff, or hospital, licensed under the California Medical Practices Act, and regardless of whether such diagnosis or treatment is rendered at the office of the treating physician or hospital. I understand that I am giving this authorization in advance of any specific diagnosis or treatment. This authorization shall remain effective until revoked in writing by me or another parent/legal guardian of this child, or the expiration of the summer program, whichever occurs first. I will not hold The San Diego Museum of Art, its officers, employees, and/or agents, responsible for any damage arising from any injury that might be received while participating in activities of The San Diego Museum of Art summer programs.

Parent/Guardian Signature _____ Date _____

**THIS FORM MUST BE SIGNED BY A PARENT/LEGAL GUARDIAN OR YOUR CHILD
WILL NOT BE ABLE TO PARTICIPATE IN OUR PROGRAMS.**



Summer Youth Programs 2020
Photographic Release Form

The San Diego Museum of Art (the “Museum”) occasionally uses photographs for educational purposes in print and non-print materials. We require an adult signature before publishing any images. If you agree to allow photographs of you and/or your child to be published in Museum materials, please complete the following.

I, _____, hereby authorize the Museum, its affiliates and its agents, the absolute, unrestricted, perpetual, and irrevocable right and permission to copyright, publish, reproduce, exhibit, transmit, broadcast, televise, digitize, display, otherwise use, and permit other to use, (a) my or my minor child’s (please print name)

_____, name, image, likeness, and voice, and (b) all photographs, recording, videotapes, audiovisual materials, writings, statements, and quotations of or by myself or my minor child (collectively, the “Materials”), in any manner, form, or format whatsoever now or hereinafter created, including on the Internet, and for any purposes, including, but not limited to, advertising or promotion of the Museum, its affiliates, or their services, without further consent from me.

It is understood that all of the Materials, and all films, audiotapes, videotapes, reproductions, media, plates, negatives, photocopies, and electronic and digital copies of the Materials, are the sole property of the Museum. I agree not to contest the rights or authority granted to the Museum hereunder. I hereby forever release and discharge the San Diego Museum, its officers, directors, employees, licensees, agents, successors, and assigns from any claims, actions, damages, liabilities, costs, or demands whatsoever arising by reason of defamation, invasion of privacy, right of publicity, copyright infringement, or any other personal or property rights from or related to any use of the Materials. I understand that the Museum is under no obligation to use the Materials.

On behalf of myself and my minor child, I hereby waive any and all rights to control, inspect, or approve the photos for marketing use, and waive any right to receive any compensation for such use in any and all promotional and/or marketing efforts from the Museum.

I have read the foregoing and fully understand the contents hereof. I represent that I am the parent/guardian of the minor named below. I hereby consent to the foregoing on his/her behalf. This release shall be binding upon me, my minor child, and my heirs, legal representatives, and assigns.

Print Name

Signature

Date



Summer Camp 2020

Release of Liability, Assumption of Risk, Hold Harmless, Agreement to Indemnify and Not to Sue for Minors Participating in The San Diego Museum of Art Summer Camp/Teen Summer Studio

I hereby represent that I am the parent or legal guardian of the below named minor (“Minor”) and have the legal right and authority to enter into this Release of Liability, Assumption of Risk, Hold Harmless, Agreement to Indemnify and Not to Sue for Minors Participating in The San Diego Museum of Art Summer Camp/Teen Summer Studio (the “Release”) on my behalf as an individual and on behalf of, and binding upon, Minor.

I hereby give my consent for Minor to participate in _____ at The San Diego Museum of Art (“Museum”) during the 2020 summer camps/teen summer studios (“Summer Camps”).

Individually, and as parent or legal guardian of Minor, I understand that the Minor’s participation in the Summer Camps involves potential personal and property risks. Injuries may be serious or minor, including but not limited to: head or neck injuries, loss of sight, broken bones, brain damage, paralysis, and death.

I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in the Summer Camps.

I hereby certify that (1) I know Minor’s state of health and physical and mental well-being, (2) that Minor is physically and mentally fit to participate in the Summer Camps, and (3) Minor has/will have health insurance while participating in the Summer Camps.

On behalf of myself and Minor, I hereby release and forever discharge The San Diego Museum of Art from any claim whatsoever I or Minor may have which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Summer Camps.

I expressly acknowledge that I understand all policies, rules and regulations of the Summer Camps and I will ensure that Minor understands and agrees to abide by all policies, rules and regulations of the Summer Camps.

I, individually as parent or legal guardian of Minor and, to the extent permitted by law, on behalf of Minor, expressly assume all risks of injury and/or death associated with, arising out of or related to Minor’s participation in the Summer Camps at the Museum. I expressly understand that Museum, its affiliates and any party contracting with the Museum assume no responsibility for the Minor’s negligence or willful misconduct, or that of others.

I individually, as parent or legal guardian of Minor and, to the extent permitted by law on behalf of Minor, agree not to sue and agree to defend, indemnify and hold harmless the Board of Trustees of the Museum, its officers, employees, agents, representatives, volunteers, students, and employees from and against any and all claims, damages, losses, and expenses, but not limited to, attorneys’ fees and disbursements, judgments and settlements, asserted or suffered by any of them as a result of the Minor involvement in the Summer Camps and to reimburse them for any such expenses incurred.

I individually, as parent or legal guardian of Minor and, to the extent permitted by law on behalf of Minor, hereby release and discharge, and agree not to initiate or be a party to any legal action against the Museum, who through negligence or carelessness, might otherwise be liable to me, Minor, our respective heirs, personal representatives, relatives or assigns from all liability associated with, arising

out of, or related to Minor's participation in the Summer Camps including all liabilities associated with and all claims that may be filed on behalf of or for the Minor.

I individually, as parent or legal guardian of Minor and, to the extent permitted by law on behalf of Minor, agree that this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue is to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion of it is held invalid it is agreed that the balance shall continue in full force and effect.

I understand that by signing this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue, is legally binding on me, Minor, our respective heirs, personal representatives, relatives and assigns and that I am giving up both my and Minor's legal rights and remedies which otherwise would be available to me and/or Minor, our heirs, personal representatives, relatives or assigns against the Museum.

I have carefully read this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue and fully understand it. I have explained the significance of this release of liability, assumption of risk, agreement to indemnify and not to sue to Minor. I am of legal age and voluntarily sign this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue.

Please initial to indicate whether you are the parent or legal guardian of the Minor.

(____) Parent (____) Legal Guardian

Print Minor's Name

Parent or Legal Guardian's Signature

Print Name of Parent or Legal Guardian

Address

Telephone Number

Date

Must be turned in with 2020 Summer Camp/Teen Summer Studio Forms.



Summer Youth Programs 2020 **Medication Authorization Form**

I, the undersigned, am the parent/legal guardian of the following named child (“CHILD”) who is attending a program presented by The San Diego Museum of Art (“Museum”):

Child’s Name

Birth date

I hereby request and authorize the Museum personnel authorized by the Deputy Director of Curatorial Affairs to assist the CHILD in administering medicine in accordance with the physician’s directions attached to this document.

I am responsible for providing to the Museum the medicine in the prescription/manufacture’s container labeled with: (1) the CHILD’s name, (2) the prescribing physician’s name, and (3) the dose/amount of the medication to be administered.

I am responsible for advising the Museum if there are changes in the directions.

I hereby agree to indemnify, defend, and hold the Museum, its officers, employees, and agents harmless for all liability, loss, suit or claim, of whatever nature and kind, which might arise as a result of the Museum, its officers, employees, or agents, assisting the child in administering the medication in accordance with the physician’s directions attached to this document, save and except only for liabilities arising solely from the Museum’s sole negligence or willful misconduct.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Home Address:

Street

City

Zip Code

Phone:

Home

Work

Cell

Must be turned in with Physician Directions Form



Summer Youth Programs 2020 **Physician Directions Form**

I, the undersigned, am a physician licensed to practice medicine in the State of California and possess a valid California Medical License: _____ (insert license number).

I am the physician for: (“CHILD”) _____ (insert Child’s Name).

I have prescribed medication for CHILD who has been instructed in the proper manner for administering the medication. In my professional opinion, the CHILD may carry, use and dispense this medication him/herself. The following are directions for helping to administer the medication to the CHILD:

Name of Medication	Method of Administration/Dosage	Time of Day

Direction for assisting in administering the above Medication (observe, measure, precautions, storage, etc.)

Discontinue Medication on: _____

Name of Medication	Method of Administration/Dosage	Time of Day

Direction for assisting in administering the above Medication (observe, measure, precautions, storage, etc.)

Discontinue Medication on: _____

Print Name of Physician

Telephone Number

Physician’s Signature

Date

Must be turned in with Medication Authorization Form