



CCMSH S.T.E.M. In Style Camp

Dear Parents & Guardians,

Thank you for registering your child(ren) at the Corpus Christi Museum of Science and History S.T.E.M. In Style Camp. Enclosed you will find an informational packet and forms. Please read carefully and return the completed Parent Packet to my email address:

Jonathang3@ccmuseum.com

If CCMSH has not received the completed packet by the first day your child or children attend camp, they will not be eligible to attend.

If you have any questions, please contact me using the information below.

Jonathan Garza
Education Manager
Corpus Christi Museum of Science & History
(361) 826-4661
Jonathang3@ccmuseum.com



Quick Start Guide

- Any child being registered for a Corpus Christi Museum of Science and History (CCMSH) Camp must have attended Kindergarten or equivalent program prior to attending camp and fully able to use the bathroom without assistance, no exceptions will be made. CCMSH reserves the right to request proof of age for any child(ren) registering for camp.
- Send your child's belongings in a backpack type bag with their name on each item every day.
- In the backpack should be:
 - A change of clothes
 - Sunscreen
 - Bug Spray
 - A hat
 - Water Bottle
 - Lunch (if not purchasing from CCMSH)
- Closed toed shoes only. Closed toed sandals or Crocs are acceptable. Flip flops are not allowed.
- Cell phones, portable game devices, toys or music players are not allowed. If you need to reach your child(ren), you may call the Education Manager at 361-826-4661.
- Campers will not be allowed to visit the museum gift shop under the care of CCMSH Staff. CCMSH staff will not hold any child's money and will not be responsible for lost money.
- Lost materials or those left by campers will be stored for one week.
- Please send your child with a lunch every day, or you can purchase a lunch for your child for \$5/lunch. CCMSH is a peanut free campus, so please consider this when preparing lunch for your child(ren). Please be aware that allergy restrictions may change, but we will notify you if that occurs. A morning snack will be provided to campers.
- CCMSH Camp operates as a closed campus. Parents, guardians or family members may not visit campers during operation hours without signing the camper(s) out or in the direct supervision of the Education Manager.
- A photo ID is required to pick up any child, every day of camp. No exceptions will be made. If you do not bring an ID, you will be turned away. A state or government issued ID is preferred but we may accept others at the discretion of the Education Manager.



Complete Information Guide

What to bring:

Please place all your child's materials in a backpack or backpack type bag.

Please label all belongings with the child's name.

- Wear comfortable clothes. We recommend sending an extra set of clothes just in case an accident happens.
- Closed toe shoes such as tennis shoes, sneakers, or sandals with a closed toe are the only acceptable footwear. Lab safety is a top priority and due to the nature of our camp NO FLIP FLOPS will be allowed. We will call you if your child is not wearing proper footwear. Unfortunately, if a camper is not wearing proper foot wear they may not be able to participate in activities.
- Water bottle.
- Please clearly label your child's lunch with his/her name. This camp is peanut free for the safety of our staff and campers.
- Sunscreen, bug spray, and a hat
- Medications:
 - Any necessary medications must be given to the Camp Director. All medications will be stored in a locked box except fast acting medications, which will be kept by the child's counselor. If you wish for your child to carry their own medication, we must have a note from a physician stating the medical necessity.

Please do not send any cell phones, portable game devices, toys or music players with your child. CCMSH is not responsible for any lost or stolen items.

Lunch

- Please send your child with a lunch every day. Should you wish to purchase a lunch for your child, the cost is \$5 per lunch.
- We are a peanut-free campus. For the safety of all children, no peanut products of any kind can be brought to or consumed at the museum. All lunches will be checked before campers began lunch. If peanut products are found, campers will be asked to return the product to his/her lunchbox.
- We will provide campers with a morning snack each day.
- Lunch will be from 11:45am – 1:00pm.
- Lunch for grades K-2nd will begin at 11:45am and conclude at 12:15pm. For grades 3rd-6th, lunch will begin at 12:30pm and conclude at 1:00pm.



Sign in and out:

- A photo ID must be provided upon pick-up every day. The adult's ID will be compared to the list of approved pick-ups provided by you on a form later in this packet. Please ensure the pickup name matches the individual's ID.
- As an additional safety measure, camper drop off/sign in and pick up/sign out will take place outside at the parent or guardian's vehicle at a specified location on CCMSH property. CCMSH staff will then escort the camper(s) inside during drop off/sign in or to the appropriate vehicle during pick up/sign out.
- You will need to drop off and pick up your child in person. Under no circumstances will a child be released to an individual not on the approved pick-up list.
- Regular drop off will be from 8:30 – 9:00 am. Regular pick up will be from 3:30 – 4:00 pm. We will not release any children earlier than this time unless it has been prearranged. If you need to pick up your child early you must inform the Education Manager or sign-in staff in the morning so that we can assign a staff to facilitate the early pick up.
- Campers should be dropped off by 9:00 am so that they may enjoy all the camp activities which begin at 9:00 am every day. We appreciate your punctuality.

Closed Campus Policy:

- CCMSH Camp enforces a closed campus policy. Parents, guardians or family members will not be allowed to join their child(ren) in camp activities or in the classroom while under the care of CCMSH.
- Parents who are currently volunteering at CCMSH will work with the volunteer coordinator as assigned.



Medical Procedures

All parents must fill out a medical release form for all camp participants. This will include permission to transport the child to appropriate medical facilities, perform CPR, First Aid, and dispense any prescribed medication. The children will only be given medication by staff members, and only will be given medications that are specifically prescribed for that child. All dosing will be strictly followed according to dosing on the medication. If dosing is different than written on the original container, the parents must provide the camp with a written letter from the physician with the current dosing instructions. All medication must be in its original packaging. The camp staff will not administer any expired medication. If any medications are left behind after the child has attended camp, reasonable efforts will be made to return the medication to the parents. If medication has not been picked up after 30 days, it will be disposed of properly.

When medication is given, the administrator will fill out the medication record for the camper. The record will be kept for one year.

All medications will be kept in a locked box in a secure location. When onsite at CCMSH, the medications will be kept by the Education Manager, except for fast acting, lifesaving medications like EpiPen(s) and inhalers. These medications will be kept with the camper's counselor. If you wish for your child to carry their own medication, we must have a note from a physician stating the medical necessity.

All camp employees are first aid trained. A first-aid kit will be kept in each classroom, the museum front-desk, and offices. When off-site the Education Manager & Senior Education Staff will have a first-aid kit on their person.

If a camper needs an EpiPen, or if the injury seems to require immediate medical attention beyond first aid, the Education Manager will immediately call 911. The child will be transported to the hospital designated on the child's medical form (if no hospital is indicated the default will be Driscoll Children's Hospital), or other medical facility as determined by the EMT staff. Immediately after 911 is called, the Education Manager will call the child's parents and inform them of the situation and let them know where to meet the child. A staff member will ride in the ambulance with the camper to the hospital and stay with the child until the parents arrive.

Parents will be notified by letter/email if a communicable disease is contracted by a child or staff member.



Discipline and Guidance Practices

CCMSH camps will not tolerate any of the following: fighting, name calling, bullying of any kind, rough housing, inappropriate sexual activities, or activities that threaten the safety of others. Any activities of this sort will result in disciplinary action for the child.

Disciplinary action will vary depending on the situation but may include:

- Verbal warnings
- Time out for as many minutes as the child is old (age 5 = 5 minutes out)
- Natural consequences
- Call home to parents
- Suspension
- Expulsion from camp

If two or more incidences requiring parent contact occur within the week, CCMSH may suspend the child.

The suspension and expulsion policies stated above are guidelines. An action of severity may result in suspension or expulsion regardless of prior parental contact or suspensions. CCMSH reserves the right to employ this policy at our discretion.

No refunds will be given for any missed days or weeks due to disciplinary action.



Parent and Child Information

Returning Camper? No Yes: _____(year(s) attended)

Gender: _____

School camper is currently attending: _____

Zip code of child's address: _____

List the languages your child is fluent in: _____

Race/Ethnicity (*check all that apply*)

- Asian Hispanic/Latino African American
- American Indian or Alaska Native White (non-Hispanic)
- Native Hawaiian and Other Pacific Islander Other: _____

Parent Info:

How did you hear about Camp? School Flyer Google Search Friends
 Repeat Facebook Member

Will you enroll multiple children this Camp Period? No Yes

Total combined household income for the year of 2019:

- \$0 - \$9,999 \$10,000 - \$14,999 \$15,000 - \$24,999
 \$25,000 - \$49,999 \$50,000 - \$74,999 \$75,000+



Parent/Guardian Waiver, Release and Indemnification Agreement

The Corpus Christi Museum of Science & History (CCMSH) conducts Camps, which include arts and crafts, classroom laboratory science experiments, outdoor research projects, classroom laboratory safety instruction, outside activity, and other activities for children. If you would like your child to participate in Camp, please sign this Waiver, Release, and Indemnification Agreement.

1. The undersigned understands that certain camp activities may involve chemicals, controlled fire, outdoor activities, animals, and will take place away from CCMSH's premises. The undersigned consents to the child's participation in such activities and any transportation to and from.
2. To the best knowledge of the undersigned, the child does not have any health restrictions, either mental or physical, that would keep him/her from participating in the Camp program.
3. CCMSH personnel are authorized to give appropriate medical consents and authorizations on the undersigned's behalf with respect to any medical emergency or condition involving the child in connection with the child's participation in Camps.
4. The undersigned individually and on behalf of the child hereby releases CCMSH and its respective officers, employees, volunteers and agents (collectively "the releasees") from any liability to the undersigned, the child, his/her personal representatives, assigns, heirs, and next of kin in respect of any and all damage, loss, or cost, and any and all claims or demands therefore, on account of injury, including death, to the child or otherwise, which results from accident or other occurrence in connection with the child's participation in CCMSH Camps, whether caused by negligence, except the sole or gross negligence, of any one or more of the releasees or otherwise.
5. The undersigned shall indemnify and hold harmless each of the releasees from any loss, liability, or claim arising in connection with the child's participation in CCMSH Camps, including in connection with any injury or death of the child or other loss or cost arising in connection with the child's participation in CCMSH Camps, whether caused by negligence, except the sole or gross negligence, of any one or more of the indemnitees or otherwise.
6. The undersigned understands and accepts the risks and responsibilities associated with the child being a participant of CCMSH Camps and have been given the opportunity to request further information from CCMSH personnel regarding those risks and to explain such risks to the child.



7. The undersigned agrees to accept full financial and legal responsibility for any acts of vandalism or destruction committed by the child.

8. The undersigned gives permission for my child to visit offsite locations with CCMSH Camps. The undersigned understands the undersigned individually and on behalf of the child hereby release CCMSH and visited organizations/locations and their respective officers, employees, volunteers and agents (collectively "the releasees") from any liability to the undersigned, the child, his/her personal representatives, assigns, heirs, and next of kin in respect of any and all damage, loss, or cost, and any and all claims or demands therefore, on account of injury, including death, to the child or otherwise, which results from accident or other occurrence in connection with the child's participation in CCMSH Camps, whether caused by negligence, except the sole or gross negligence, of any one or more of the releasees or otherwise.

9. The undersigned agrees that any and all material may be published in any manner that the CCMSH deems appropriate and that it may be used for any other purpose that CCMSH may deem appropriate. The undersigned further agrees that the child's name, likeness, photo, voice and biographical material about them may be used in connection with publicity about the Museum for institutional promotional purposes. The undersigned hereby releases CCMSH, its licensees and assignees from all claims or causes of action that may arise in whole or in part from the broadcast of any other use or promotion of the institution.

10. The undersigned agrees to adhere to all CCMSH camp guidelines and policies as described in this packet.

11. The undersigned has read, understood, and voluntarily signed this waiver, release, and indemnity agreement.

12. The undersigned are, in fact, the sole parent(s) or legal guardian(s) of the child and are herein acting in such capacities. The undersigned agree to indemnify and hold each of the releasees harmless from and against any liability, loss, or claim whatsoever, arising by any reason of breach by the undersigned of the foregoing representations and warranties regarding their capacity.

Print Name and Relationship to Child(ren) _____

Child(ren)'s Name(s) _____

Day Camp Health Form and Waiver Packet

Completion Checklist:

- Completed Health Packet
- Immunization Record
- Allergy, Asthma, Behavior, Emotional, Mental, Social Plan

Immunizations and Physicals must meet the requirements of the Texas Dept. of Public Health.

If your camper does not have health insurance or if you need and immunization waiver due to your family's religious beliefs, please provide your state waiver form.

To ensure a successful camp experience please include any pertinent information regarding special needs (IEP's, behavior plans, medical history) in the form below. We can accommodate on a case-by-case basis in order to establish the best strategy for a great summer camp experience!

Please contact the Education Manager for more information.

Camper Information

Name: _____ Sex: _____

Birth Date: _____ Grade Entering in the Fall: _____

Address: _____

Summer Address (if different): _____

List guardians/emergency contacts (they will be included in the Release/Pick-up list):

Parent #1/Guardian	Parent #2/Emergency Contact	Emergency Contact
Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Phone: _____	Phone: _____	Phone: _____
Phone: _____	Phone: _____	Phone: _____
E-mail: _____	E-mail: _____	E-mail: _____

Address of Guardian if different: _____

Restrictions: Camp activities are similar to those described in the camp brochure or camp website.

- No activity restrictions.
- Yes, please describe: _____

Health Care Provider: _____ Phone: _____

Name of Practice: _____

Address: _____

Insurance Carrier/Plan Name: _____ Policy Number: _____

Subscriber Name: _____ Relationship to Camper: _____

Health History:

Gender Identity: _____ Height in Feet: _____ Inches: _____ Weight (lbs.): _____

Race/Ethnicity (Not required): _____

Medical History: (Explain "Yes" answers in the space below.)

- | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| 1. Have asthma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 11. Have motion sickness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 12. Ever had back/joint problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have seizures or seizure disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 13. Have any skin problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Other recurrent/chronic illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 14. Have stomach or intestinal issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Been hospitalized/had surgery in past 2 yrs.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15. If female, problems with menstruation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Ever had a head injury or concussion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 7. Have severe or frequent headaches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 8. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 9. Had fainting or dizziness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 10. Have frequent bloody nose? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Allergies:

- No Allergies.
- Yes, Food Allergies. Describe:
 - Risk of Anaphylaxis? (Please attach emergency allergy plan.)
- Yes, Drug Allergies. Describe:
 - Risk of Anaphylaxis? (Please attach emergency allergy plan.)
- Yes, Environmental Allergies. Describe:
 - Risk of Anaphylaxis? (Please attach emergency allergy plan.)

Diet and Nutrition: No diet restrictions. Vegetarian Vegan Gluten-free Diet
 Other:

Disclaimer: The Corpus Christi Museum of Science and History cannot guarantee any dietary restrictions be honored if camper(s) are partaking in the CCMSH vendor provided lunch program. It is strongly recommended that camper(s) with any threatening dietary restrictions bring their own lunch and snacks.

Mental, Emotional and Social History: (Explain "Yes" answers in the space below.)

- | | | |
|--|------------------------------|-----------------------------|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have a phobia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Ever been treated for emotional/behavioral difficulties, self-harm, or an eating disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Ever have a need for an aide at school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. During the past year, seen a professional to address mental/emotional health concerns? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Used an individualized education plan (IEP) during the previous school year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Speak a primary language other than English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Had a significant life event that continues to affect the camper's life? (Recent Divorce, foster care, trauma etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Additional Information (other behavior or physical, mental, emotional, and social health information, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
10. CCMSH takes great care to welcome and include all campers. Please inform us of any emotional, behavioral or sensory notes below, this may include any helpful calm down techniques or triggers we should be aware of. We appreciate any information that may help CCMSH become a great experience for your child(ren):

If a camper needs medication to be successful at school, he or she should stay on the medication while at camp. This complements the American Academy of Pediatrics (AAP) statement. Campers taking a medication should be on it for three months prior to attending camp. This assures there is both a therapeutic blood level of the medication and that the therapeutic effect is present (i.e., the drug is doing what it's prescribed to do).

Medications

Please list all medication needed during the camp hours. Include emergency medications and over-the-counter medications. All medications must be unexpired and in original containers. Prescription medications must include the pharmacy label.

List medication regularly taken **only at home**: _____

Medications at Camp

- No, this camper will not be taking any medication at camp. (Skip to page 4.)
- Yes, this camper will bring medication to camp.

Asthma Emergency Medications:

- No, this camper does not have emergency asthma medication.
- No, this camper needs asthma medication only for respiratory illness and will not be bringing it to camp.

- Yes, this camper has asthma medication that they will be bringing to camp.
 - Camper can self-administer medication
 - Camper needs assistance with medication

Asthma Medication:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

Camper will also bring: spacer and/or a nebulizer

Allergy Emergency Medications

- No, this camper does not have emergency allergy medications.
- Yes, this camper will be bringing EpiPens to camp. **EpiPens must have a pharmacy label.**
 - EpiPen (0.3 mg/0.3mL injection)
 - EpiPen Jr. (0.15 mg/0.3mL injection)
 - Camper can self-administer medication
 - Camper needs assistance with medication

Other Allergy Medication:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

Medications Needed During Camp Hours:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

If you need more space to add other medications, please add another page.

Release/Pick-Up

My camper may be released to the following adults (include first and last names):

1. Name: _____ Relationship: _____

Phone: _____ Phone: _____

2. Name: _____ Relationship: _____

Phone: _____ Phone: _____

3. Name: _____ Relationship: _____

Phone: _____ Phone: _____

4. Name: _____ Relationship: _____

Phone: _____ Phone: _____

6. Other means of dismissal permitted (walking, bicycling, etc.): _____

The parent/guardian may send a signed note to make changes to this list. People picking up campers must bring a photo ID. If a person not listed above arrives to pick up a camper, the camper will remain with camp staff until the parent/guardian has been contacted and has given permission for the release. If there are specific people to whom the camper may not be released, please inform the camp in writing.

Medical Waiver and Authorization (agreement is required for participation):

Medical Release: This health history is correct and accurately reflects the known health status of the named camper. The camper described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to camp staff to provide routine health care; to administer prescribed or over-the-counter medications as described; and to provide or obtain emergency care and transportation for the camper if needed. I give permission to the physician selected by the camp to order x-rays, tests, and treatment related to the health of my child both for routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a "need to know" basis with camp staff.

Medications: Pursuant to Texas law and Corpus Christi Museum of Science and History (CCMSH) policy, I authorize CCMSH's designated healthcare staff to administer as listed above Medications At Camp and Asthma or Allergy Emergency Medications, as directed, to my child for whom it was prescribed. I understand that all medications at camp must be approved by the camp's off-site healthcare consultant, seen and checked by the camp's health supervisor, and each dose monitored by a camp staff member. I understand that all medications must be in their original containers, unexpired, and labeled with specific instructions, including the child's name and dosage, and that any prescription medications must include the full pharmacy label.

Insurance: I certify that the named camper is covered by health and accident insurance or Medicaid and that the policy information given is correct.

Off-Site Trips: I give permission for my camper to participate in and be transported to any off -site trips as scheduled, and

Release/Pick-up: I understand the release policy as described and authorize CCMSH to release my child to the people/methods listed on this form.

I, the parent/legal guardian of the named camper, have read, understood, and agree to the above.

Signature of Custodial Parent/Guardian: _____ Date: _____

Print Name: _____ Relationship to Camper: _____

Day Camp Agreement of Terms:

Program: I give permission for my child to participate in all camp program activities similar to those described in the newsletter, camp brochure, or information packet. I understand that Mass Audubon reserves the right to change program activities or instructors and cancel programs, should CCMSH decide in its sole judgment that it is necessary and appropriate to do so.

Expectations/Dismissal: I have informed the Camp Director and other appropriate CCMSH staff of any limitations to my child’s participation and agree to abide by CCMSH’s sole judgment as to whether my child can be accommodated in the camp program. I understand that failing to disclose any physical, emotional, or behavioral needs or conditions may result in the child’s dismissal from the program without refund. I understand that my child must follow the stated behavior expectations and safety rules and that CCMSH reserves the right in its sole judgment to dismiss without refund any child whose behavior interferes with the rights and safety of others or consistently disrupts group dynamics or activities.

Sun and Bugs: I understand that outdoor exploration is an integral part of CCMSH programs, and my child will be exposed to risks including but not limited to sun, ticks, and insects. I understand that it is my responsibility to apply sunscreen and insect repellent to my child before bringing him/her to camp each day. I give permission to CCMSH staff to assist my child in re-applying sunscreen, insect repellent, and topical anti-itch cream.

Payment, Cancellation, and Refund: I understand and agree to the payment, cancellation, refund, and late fee policies as described in the camp’s newsletter, brochure, confirmation letter, or information packet.

I have read and agree to abide by the terms and policies listed above and those found in the camp newsletter, brochure, confirmation letter, or information packet.

I, the parent/legal guardian of the named camper, have read, understood, and agree to the above.

Signature of Custodial Parent/Guardian: Print _____ Date: _____

Name: _____ Relationship to Camper: _____

Day Camp Audio/Visual Image Release:

CCMSH uses images and sounds of children and staff participating in CCMSH programs as a way of documenting the enjoyable and educational experiences they have while participating in Summer Camp. CCMSH will not identify my child or will identify my child only by first name and program, unless I give prior written permission to do otherwise.

In consideration of the above, I hereby give my permission and consent to Corpus Christi Museum of Science and History (1) photographing, filming, and video/audio taping my child, (2) using and displaying images and sounds of my child in CCMSH’s websites, archives, and promotional or informational material, including, but not limited to, newsletters, brochures, advertisements, and newspaper articles, and I hereby waive and release on behalf of my child and myself any rights to compensation for, or ownership of, such images and/or sounds of my child and the above uses of them by Corpus Christi Museum of Science and History.

I have read this audio/visual image release and agree to its terms and conditions.

Signature of Custodial Parent/Guardian: _____ Date: _____

Day Camp Acknowledgement of Risk and Assumption of Personal Responsibility:

CCMSH staff members make every effort to conduct safe programs, to orient and support children, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities offered. While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risk.

I understand that program activities may include, but are not limited to: playing active games, participating in activities near water, and other activities such as science experiments. The camp newsletter, brochure, or information packet will inform you of special activities that may also include but are not limited to: traveling in Museum buses leased by CCISD and Flower Bluff ISD, swimming and archery. Other risks may be inherent in program activities.

I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless Corpus Christi Museum of Science and History, and its officers, directors, employees, and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in the CCMSH program and activities, including, but not limited to, for any personal injury that my child may suffer while participating in the CCMSH program and activities, excepting in the case of gross negligence.

I understand and agree on behalf of my child that my child shares the responsibility for safety during CCMSH programs and activities, and I personally assume on behalf of my child that responsibility.

I understand and certify that my child's participation in the CCMSH program and its activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate, as described in the Agreement of Terms or camp newsletter, brochure, or information packet.

Signature of Custodial Parent/Guardian: Print _____ **Date:** _____

Name: _____ **Relationship to Camper:** _____