



Medical/ Emergency Contact Information

Does your MOXI camper have any allergies? _____

Primary Physician Information:

Name: _____ Phone: _____

Address: _____

In Case of Emergency Please contact:

Name

Phone

Relationship to MOXI Camper

#1 _____

#2 _____

If a child becomes injured, MOXI Education will contact the parent or guardian. For significant injury or other conditions that require immediate medical attention, we will call 911 and/or take the child to Cottage Hospital and contact the participant's parent or guardian. Medical personnel will be provided with relevant information, such as allergies and physician contact information, as provided on the first day of camp.

Off-Site Programming Release

Dear Parent/Guardian,

As a part of our commitment to providing an engaging and hands-on program we will often walk off-site as a part of our summer camp curriculum and for lunch breaks. Please complete and return the participation consent form below by the first day of camp.

I do hereby understand and acknowledge the risk of bodily harm and injury associated with participation in enrichment activities and the transportation to/from off-site locations. I do knowingly grant full consent for my MOXI camper listed below to participate in MOXI Spring Break Camp off-site programming. I assume any and all liability for my scholar and will not hold MOXI or MOXI staff responsible or liable for any injury occurring to the named person in connection with any such transportation or participation. I accept financial responsibility for any personal items lost during transport by my camper, and in case of emergency, I authorize MOXI to obtain medical care that may become reasonably necessary for my scholar.

I understand that this waiver encompasses all trips, events, and programming involved in the MOXI Spring Break Camp session.

Parent/ Guardian Signature

Date

Parent/ Guardian Printed Name

MOXI Camper(s) Name

Camp Session



Photo Release

I grant to MOXI The Wolf Museum of Exploration + Innovation the right to take photographs of me and my family for use on the museum website and publications. I authorize MOXI, its assigns and transferees to copyright, use, and publish the same in print and or/electronically.

I agree that MOXI may use such photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above.

I do not permit the use of such photographs of me or my family

Parent/ Guardian Signature

Date

Parent/ Guardian Printed Name

MOXI Camper(s) Name

Camp Session(s)