



Goulbourn Museum

2064 Huntley Road,

Stittsville, Ontario

K2S 1B8

(613) 831-2393

E-mail: education@goulbournmuseum.ca

www.goulbournmuseum.ca

DROP OFF WAIVER & EMERGENCY CONTACT FORM

Program Information

Program / Activity Name:	
Date(s) of Program / Activity:	Location of Program / Activity: <i>Goulbourn Museum</i>

Child Information

Full Name of Child	
Home Telephone:	Age:
Address:	
City:	Postal Code:

Parent(s) / Guardian(s) Information:

First & Last Name #1	Emergency (First & Last Name) Contact
Relationship to Child:	Relationship to Child:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

Health/Special Needs Information:

Allergies or reaction: (food or other) Y / N	Please Explain:
Other Health Concerns: Y / N	Please Explain:

Permission Granted:

1. Is your child being dropped off and/or picked up by someone other than yourself for this program/activity :

No

Yes - List who is dropping off and/or picking up your child.

(The person picking up your child may be asked to show picture I.D.)

Dropping off: 1. _____ 2. _____

Picking up: 1. _____ 2. _____

2. May we have permission to take the child's photograph which may be used on the Goulbourn Museum's public website, in print, electronic media and/or community newspapers for the promotion of Goulbourn Museum's programs and services?

Yes

No

Consent & Waiver:

CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

Please Read Carefully

I agree and understand that my child, named on this form, a minor pursuant to the Age of Majority and Accountability Act, has my permission to participate in the program/activity or series of programs/activities indicated on this form. **As the Parent or Legal Guardian of the child registered in the program/activity or series of programs/activities, I and my child agree to indemnify and hold harmless the Goulbourn Township Historical Society & Museum from all claims, demands, actions and causes of action, loss, costs or damages that the Goulbourn Township Historical Society & Museum may suffer, incur, or be liable for in relation to any injury my child may suffer or cause to others in connection with my child's negligence or actions while my child is participating in the program/activity or series of programs/activities. Furthermore, I and my child hereby release, waive and discharge the Goulbourn Township Historical Society & Museum from all liability to our heirs, executors, administrators for all loss of damage and any claim or demands for such loss or damage due to injury to person or property.**

By signing this agreement, I and my child understand that my child will be assuming injury and certain legal risks. I, as the Parent or Legal Guardian of the child, confirm that I understand and agree to the conditions contained in this Agreement prior to signing it.

Parent/Legal Guardian- print your name

Parent/Legal Guardian-sign your name

Date

Participant- print your name if 16 or 17 years

Participant-sign your name if 16 or 17 years

Date