



## Summer Camps 2017

**\*Separate forms must be filled out for each child.**

**Please fill out and return via e-mail to:** [campinfo@chsgeorgia.org](mailto:campinfo@chsgeorgia.org)  
**OR via mail to:** Coastal Heritage Society, ATTN: Summer Camps, 601 W Harris St.,  
Savannah, GA 31401

**Child's Name:** \_\_\_\_\_ **D/O/B:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Date(s) the child will be attending Summer Camp:** \_\_\_\_\_

**Guardian's Names:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Choice of Hospital:** \_\_\_\_\_



**Additional Information:**

List any special concerns that the SCM staff should know about your child:\_\_\_\_\_

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List any allergies or medical concerns:\_\_\_\_\_

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The following adults are allowed to pick up my child (required to show ID):

**1)Name:**\_\_\_\_\_

Address:\_\_\_\_\_

Phone Number:\_\_\_\_\_ Relationship:\_\_\_\_\_

**2)Name:**\_\_\_\_\_

Address:\_\_\_\_\_

Phone Number:\_\_\_\_\_ Relationship:\_\_\_\_\_

**3)Name:**\_\_\_\_\_

Address:\_\_\_\_\_

Phone Number:\_\_\_\_\_ Relationship:\_\_\_\_\_

**By signing below, I am acknowledging that all information completed is accurate and will inform CHS/SCM/GSRM if any changes occur. I understand that this is a fee-based program and I will be charged for using this service. Fees are due at the time of registration.**

Printed name of Parent/Guardian:\_\_\_\_\_

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

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



### **EMERGENCY TREATMENT RELEASE**

Coastal Heritage Society/Savannah Children's Museum/Georgia State Railroad Museum (CHS/SCM/GSRM) does not provide accident/medical insurance for program participants. I authorize the CHS/SCM/GSRM to provide or seek emergency treatment in the event I cannot be contacted. I recognize that participation in CHS/SCM/GSRM activities may expose my child to risk of injury. I agree to hold the CHS/SCM/GSRM harmless from any claims for damage to any property or injury to persons which may occur through participation in an activity at CHS/SCM/GSRM or its programs. I have read and understand the above information. My child has permission to participate in this CHS/SCM/GSRM program in accordance with the conditions set forth above.

**Printed name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

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

### **USE OF PHOTOGRAPH RELEASE**

I hereby give Coastal Heritage Society/Savannah Children's Museum/Georgia State Railroad Museum (CHS/SCM/GSRM) the absolute and irrevocable right and permission, with respect to the photographs that have been taken of my child or in which my child may be included with others: 1. To copyright the same in CHS/SCM/GSRM's name or any other name that CHS/SCM/GSRM may choose, 2. To use, re-use, publish, and re-publish the same, in whole or part, individually, or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion and advertising and trade, television and multimedia, and 3. To use my child's name in conjunction therewith if CHS/SCM/GSRM chooses. I hereby release and discharge CHS/SCM/GSRM from any and all claims and demands arising out of or in connection with the use of the photographs, including all claims for libel. This authorization and release shall also ensure the benefit of the legal representatives, licenses, and assigns of CHS/SCM/GSRM.

I hereby certify that I am the parent or guardian of the person named above.

**I do \_\_\_\_\_ or do not \_\_\_\_\_** give consent according to the terms listed above without reservations to the foregoing on behalf of him/her.

**Printed name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

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



### **LOCOMOTIVE EXPERIENCE RELEASE (FOR TRAIN CAMP REGISTRANTS)**

I am aware that my child will participate in various activities in, around, and near locomotives. Each child will take two (2) rides in a locomotive during their week at train camp, including one (1) ride inside the cab of a diesel locomotive. All experiences that occur in, around, or near locomotives will be supervised by trained professionals.

I hereby grant my child permission to engage in activities in, around, and near locomotives under direct professional supervision.

**Printed name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

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

### **RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to enter Coastal Heritage Society/Savannah Children's Museum/Georgia State Railroad Museum (CHS/SCM/GSRM) for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further agreed that such entry into CHS/SCM/GSRM for observation, participation or use of any facilities or equipment constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE CHS/SCM/GSRM FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1) THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES CHS/SCM/GSRM, its directors, officers, employees and agents (herein after referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned while the undersigned is in, upon, or about the premises or any facilities or equipment herein.
- 2) THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about CHS/SCM/GSRM whether caused by the negligence of the releasee or otherwise; and
- 3) THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while in, about or upon the premises of CHS/SCM/GSRM and/or while using the premises or any facilities or equipment hereon.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVE, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as in permitted by the laws of the State of



Georgia and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

On behalf of said minor child and myself, I have read and understand the above provisions. I grant permission for said minor child to participate in this CHS/SCM/GSRM program in accordance with the conditions set forth above.

**I HAVE READ AND ACCEPT THIS RELEASE ON BEHALF OF MYSELF AND SAID MINOR CHILD.**

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**Child's name**

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**Signature of Parent/Guardian (if under 18)**

**Date**