WATER ACTIVITIES PERMISSION FORM

I hereby give permission for my son/daughter_____ to participate in any and all water activities, related to the Science School, during this school year. I hereby completely hold harmless and release the Science School, Museum of Nature & Science and all of their agents, employees, officers, directors, affiliates, and all persons assisting with any phase of said water activities from any and all claims and/or liabilities arising from or related to any of said water activities, including but not limited to by reason of any accident or injury suffered by said child while participating in such activities. I agree to indemnify and hold all of said parties harmless from all claims hereafter made by or asserted on behalf of said student.

I understand that my child will be responsible for:

1. Following all safety instructions
2. Following all School rules
3. Being on time according to the day's schedule
4. Respecting all property

Parent/legal guardian signature_____ Date_____

Emergency contact_____

Phone_____ Relationship_____

In the event of a medical emergency I give permission for the Museum of Nature & Science to seek treatment for my child. **YES** **NO** (please circle one)

If no, please call: _____
Doctor's Name, Address, and Phone Number

Please list phone number to confirm acceptance of permission form.

(_____)_____
Area code and phone number