



LIABILITY RELEASE FORM

I agree that my child, _____, has my permission to participate in the Time Travelers Summer Workshop(s). I understand that my child will be using various tools (wood working tools, cooking implements, gardening tools, crafting tools, etc.) from the 1800's, or modern implements when needed during the course of the workshop(s). I release Centerville-Washington History staff and volunteers from claims for costs or liability arising from the use of these tools and/or their participation in the Time Travelers Summer Workshop(s).

Name of Parent or Guardian Signature Date

PHOTOGRAPHIC RELEASE FORM

I hereby grant permission to Centerville-Washington History (CWH) the irrevocable and unrestricted right to use photographs and/or video taken during the Time Travelers Summer Youth Workshop(s) in publications, news releases, online social media, quarterly newsletter, and in other communications and/or historical archive related to the mission of Centerville-Washington History. I release CWH and its legal representatives from liability for any violation or claims relating to said images or video. Furthermore, I grant CWH permission to use the statements of my child, myself or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity. I waive my right, my child's rights and my family's rights to any and all compensation stemming from the use of these materials.

Student's Name Parent or Guardian Signature Date

EMERGENCY MEDICAL AUTHORIZATION FORM

Student Information:

Name _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Residential Parent or Guardian

Name _____ Daytime Phone _____ Cell _____

Name _____ Daytime Phone _____ Cell _____

Emergency Contacts if Parent or Guardian cannot be reached:

1. _____ Daytime Phone _____ Cell _____

2. _____ Daytime Phone _____ Cell _____

Medical Information (must be completed)

_____ No medical conditions _____ No allergies _____ Medication allergy: _____

Allergies (including food, bee stings, seasonal, etc) AND treatment:

Medications:

Child's Physician _____ Phone _____

Preferred Hospital _____ Phone _____



Centerville-Washington History

Asahel Wright House

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