



Adventure License for Summer Science Day Camps Registration & Emergency Release

Please print this form and send with payment to: MNHC 120 Hickory Street, Missoula, MT 59801

Name of participant(s) : _____

Name of parent(s)/ guardian: _____

Full Address _____

Phone: (h) _____ (w) _____

Email address _____

Camp Name	Dates	Registrant's Name, Age	Fee

Registrations are first-come, first-served during MNHC public hours and are only confirmed when a \$25 non-refundable deposit (per child/per camp) is received with the enclosed registration and emergency release form. Space will not be guaranteed without the \$25 non-refundable deposit(s). Full payment is due two weeks prior to the start of the camp unless prior arrangements have been made with MNHC's administration. A confirmation letter will be sent two weeks prior to the start of camp with an updated invoice for ease of payment.

Program fee (minus \$25 deposit) is refundable ONLY if a cancellation is made five (5) business days before the first day of camp (by 5:00 pm on the Tuesday prior to the start of camp). No refunds will be issued for cancellations made after this deadline. Membership dues are not program fees and are non-refundable.

- Yes, I would like to contribute to the Summer Science Day Camp scholarship fund. Amount _____.
- Yes, I will become a member of the Montana Natural History Center. ^{\$50} Family Memberships also include discounts on all MNHC programs, in the MNHC Market, special invites, and free admission to the Center for 12 months.

Total Amount: \$ _____ Check _____ Date _____

Visa MasterCard American Express

Name _____ Card # _____

Exp. Date _____ Signature _____

For Office Use only: Rec'd _____ card & decal _____ database _____
 3.2006 amount paid _____ visitors log _____ where heard _____

Payment Schedule _____

I am enrolling _____ in this/these Montana Natural History Center program offering(s). Classes and workshops may involve outdoor activities and the use of potentially harmful equipment. I voluntarily elect to assume all risks of loss, damage, or injury that may be sustained by my daughter/son or myself or any property in the course of participation in this program.

I hereby knowingly, freely, and voluntarily release, indemnify, and hold harmless the Montana Natural History Center and any of its agents from liability, claims, demands, or courses of action arising out of any loss to me or, (in the case of child participants), my daughter/son due to or related to participation in programs or the use of equipment supplied to my daughter/son or myself in connection with this/these programs.

 Parent or guardian signature Date

FIRST PERSON YOU WANT CONTACTED IN AN EMERGENCY:

1. _____ Relation: _____

Phone: (h) _____ (w) _____

2. Alternate person to call: _____

Phone: (h) _____ (w) _____

Doctor's Name: _____ Phone: _____

In case of a medical emergency, we will make every effort to contact parents/emergency contact person. However, do you give us permission to seek medical assistance if necessary? Yes _____ No _____

KNOWN ALLERGIES, MEDICAL CONDITIONS, OR SPECIAL CONSIDERATIONS
 MNHC NEEDS TO BE AWARE OF (use the back of this form to explain if needed):

CHILD _____ NOTE _____
 CHILD _____ NOTE _____

For participants under age 18: May your child go on field trips? Yes___ No ___

May we use photographs of your child in publicity materials? Yes___ No ___

May we use your child's artwork for promotional use or display? Yes___ No ___