

SMUD Museum of Science and Curiosity: Camp Curiosity Liability and Medical Release (Page 1)

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all SMUD Museum of Science and Curiosity (MOSAC) programs. The minor is physically able and mentally prepared to participate in all activities within this program. In consideration of said minor being permitted to enter MOSAC, its' property, Matsui Waterfront Park, and the bike trail and river viewing areas surrounding the MOSAC campus for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent or guardian) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have discussed any questions or concerns with MOSAC staff and have received answers, (iii) I accept the program and facilities as being safe and reasonably suited for the purposes intended and (iv) I voluntarily Sign this document.
2. Except for MOSAC's gross negligence or willful misconduct I release MOSAC, its directors, officers, board members, partner organizations, employees, and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to a person, whether said damage or injury results from conditions arising upon the MOSAC facilities or arising out of or in connection with MOSAC programs or activities. MOSAC shall not be liable for any damages arising from any act or neglect of any other members, occupant, or user of the MOSAC premises (or surrounding areas) or participant in MOSAC programs or activities. I agree that the above-said minor assumes full responsibility for, and risk of, bodily injury, death, or property damage except that caused by or due to the gross negligence or willful misconduct of MOSAC.
3. I agree not to sue Releasees for any loss, damage, injury, or death described above and except for MOSAC's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless MOSAC and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses, and/or liabilities arising out of, involving, or in connection with, the MOSAC membership, use of MOSAC facilities or surrounding areas and/or participation in MOSAC programs by me, the above said minor or any other person. If any action or proceeding is brought against MOSAC by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to MOSAC and MOSAC shall cooperate with me in such defense. MOSAC need not have first paid any such claim in order to be defended or indemnified.
4. I do hereby authorize MOSAC as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital or clinic, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

SMUD Museum of Science and Curiosity: Camp Curiosity Liability and Medical Release (Page 2)

I understand that MOSAC is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/ Guardian (Print name) _____

Parent/ Guardian Signature _____

Name of Camper (Printed name) _____

Date _____

SMUD Museum of Science and Curiosity: Medication Policy (Page 1)

If your child requires medication during the camp day, staff may be able to administer it as directed. This policy is subject to approval by MOSAC. If you did not list the medication in your registration, please email us at camps@visitmosac.org before your camp week begins.

This completed medication release form, signed by a parent or guardian must be submitted with the medication, or emailed before the start of camp.

- On the first day of camp, you will be asked to review the requirements of the medication with staff. Do not leave the medication with your child.
- Please package the medication in a ziplock-type bag labeled with the child's name and indicate if the medication will stay at camp for the week, or if it will be sent home each night and brought back each morning. In the bag:

Prescription medication must be in its original container, labeled with the child's name and instructions.

All medication will remain inside the facility, under the control of MOSAC staff. Epipens and inhalers will remain with the Camp Instructor of your child's group.

Child's Name(Print): _____

Date of Birth: _____

Diagnosis: _____

Symptoms: _____

Medication Name: _____

Dosage: _____

Instructions for Administration (including timing):

Relevant side effects: _____

Medication shall be administered from: _____ to _____

Please be advised that camp staff are not trained, medical professionals. They will be relying upon the child as well as provided parent instructions to recognize the development of symptoms and to self-administer most medications.

SMUD Museum of Science and Curiosity: Medication Policy (Page 2)

In your opinion, does the child know the following?

Nature of his/her condition YES/ NO

How to self-administer required medication YES /NO

When to self-administer required medication YES/ NO

If said medication is an inhaler, do you recommend that the child be allowed to self-carry the prescribed medication? YES /NO

Prescriber Name/Title: _____

Phone: _____

Address: _____

Other Notes:

Parent/ Guardian (Print name) _____

Parent/ Guardian Signature _____

Date _____