

SMUD Museum of Science and Curiosity
Camp Curiosity Waiver and Release of Liability

I, _____, the parent/person having legal custody/guardianship of the minor (hereafter "participant"), give permission for _____ to participate in SMUD Museum of Science and Curiosity (MOSAC) Camp Curiosity (hereafter "program"), which may include activities at 400 Jibboom Street, Matsui Park, and/or the bordering American River bike trail. In consideration of MOSAC accepting said participant in this program, I, on behalf of the participant acknowledge the following:

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. Participant will abide by all safety rules and policies of the program as set forth by MOSAC and to obey the direction of the MOSAC's representatives.
3. I understand and acknowledge that health insurance coverage is my own sole responsibility and hereby release MOSAC and its affiliated entities directors, board members, employees, staff, members, volunteers, vendors, agents, representatives, attorneys, predecessors, successors and assigns (collectively, "Releasees") from any obligation to provide insurance coverage for the participant in connection with, or arising out of, the Program.
4. Participant's participation in the Program is voluntary and I, on behalf of participant, voluntarily assume all risks, foreseen and unforeseen, associated with participant's participation in the Program. These risks include, but are not limited to, serious personal injury, property damage, and death. I acknowledge there may be other risks not known to me or not reasonably foreseeable at this time and I assume these unknown and unforeseen risks as well, hereby waiving any and all rights and benefits conferred by any statute, regulation, or civil law of the United States, of any state, commonwealth, territory or other jurisdiction thereof which is similar, comparable, or equivalent to Section 1542 of the California Civil Code which provides as follows:

SECTION 1542. A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

5. I agree to release, waive, discharge and covenant not to sue or make any claim against MOSAC or any of the Releasees and hereby waive any and all claims against the Releasees for any actions, demands, claim of demands, liabilities, injuries, or expenses arising out of, or relating to my participant's participation in the Program,

including, without limitation, the negligence of any the Releasees as it relates to the Program.

6. I hereby authorize and consent to the participant receiving emergency medical care and treatment and transportation to obtain treatment in case of injury, as MOSAC may deem necessary. I expressly agree to be financially responsible for such care.
7. I agree that the terms of this Agreement are intended to be as broad and inclusive as is permitted under the laws of the state of California. If any portion of this Agreement shall be held invalid, illegal, or unenforceable to any extent and for any reason by any court of competent jurisdiction, the remainder of this Agreement shall not be affected thereby and shall be enforceable to the full extent permitted by the law.

I have read and understand the above MOSAC Waiver and Release of Liability and agree to abide by the Terms and Conditions outlined above. I have received a copy of this Agreement.

Parent/Guardian Signature

Date

SMUD Museum of Science and Curiosity
Design Lab Waiver and Release of Liability

I, the undersigned parent/person having legal custody/guardianship of the minor (hereafter "participant") enrolled in the Design Lab Maker Workshop, give permission for _____ to participate in all SMUD Museum of Science and Curiosity (MOSAC) programs. In consideration of MOSAC accepting said participant in this workshop, I, on behalf of myself (as parent or guardian) acknowledge the following:

The participant is physically able and mentally prepared to participate in all activities within this program.

I understand that certain skills and safety procedures are required in order to reduce the dangers involved in project work. I agree that the participant will abide by all safety rules and policies, including wearing protective equipment (such as safety glasses) as instructed in the work areas, and to use such other safety equipment as may be required by the staff for the type of work they are performing.

To the fullest extent allowed by law, I, for myself and on behalf of participant, agree to waive, discharge claims, and release from liability MOSAC and its officers, directors, employees, agents and successors from any and all liability on account of, or in any way resulting from claims, losses, damages, or expenses, including injuries and damages, in any way connected with the MOSAC program, even if caused by the negligence of MOSAC or its officers, directors, employees, agents, and successors. I understand and intend that this release is binding upon me and participant's heirs, executors, administrators and assigns.

I understand and acknowledge that there are short- and long-term health risks, risks of personal injury, and risks of property damage while participating in activities and using the facilities offered by MOSAC. Some risks are inherent in the use of power and hand tools; other risks are inherent in making and fixing things generally; still other risks may arise from conditions, situations or activities of which I am presently unaware. All use of tools has some risk of injury, particularly when learning, used incorrectly or unsafely.

I understand that if, in the opinion of MOSAC, immediate medical attention is necessary for participant, I do hereby authorize MOSAC to take such action as it deems reasonable and appropriate under the circumstances. I do further authorize and consent to the administration of treatment deemed necessary and appropriate by the responding emergency medical technicians, licensed physicians or other health professionals called upon to provide emergency care to participant. I assume the risk and financial responsibility for an injury or illness that may occur as a result of my participant's participation in MOSAC activities. I acknowledge that no guarantees have been made to me as to the effect or outcome of any examinations or medical treatment of participant and that I am responsible for all reasonable charges in connection with the care and treatment to participant during the program. I understand that nothing in this form shall be construed to impose liability on MOSAC,

its officers, directors, employees, agents, and successors for any medical treatment provided or not provided during the activities.

I understand that I am financially responsible for any and all charges incurred while this participant is a participant of MOSAC's workshop program. These charges may include class fees, material fees, and damage fees. I agree to pay all costs related to collection of such fees at the time they are due and payable.

I have read and understand the above MOSAC Waiver and Release of Liability and agree to abide by the Terms and Conditions outlined above. I have received a copy of this Agreement.

Parent/Guardian Signature

Date

SMUD Museum of Science and Curiosity
Camp Curiosity Medication Policy

Please only complete the following sections if participant requires medication during the program. This includes EpiPens and inhalers.

If your participant requires medication during the program, 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 program begins.

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

- On the first day of program, you will be asked to review the requirements of the medication with staff.
- Please package the medication in a ziplock-type bag labeled with the participant's name. In the bag:
 - Prescription medication must be in its original container, labeled with the participant's name and instructions.
 - All medication will remain inside the facility, under the control of MOSAC staff.

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

Camper's Name: _____

Date of Birth: _____

Diagnosis: _____

Symptoms: _____

Medication Name: _____

Dosage: _____

Instructions for Administration (including timing):

Relevant Side Effect: _____

Medication Shall be Administered From: _____ to _____

In your opinion, does the camper know the following?

Nature of their condition YES / NO

How to self-administer required medication YES / NO

When to self-administer required medication YES / NO

Do you recommend the camper to self-carry the prescribed medication? YES / NO

Prescriber Name/Title: _____

Phone: _____

Address: _____

Other Notes:

Parent / Guardian (Print Name): _____

Parent / Guardian (Signature): _____

Date: _____