Day at the Museum - Summer Camp

Sanguinetti House Museum and Gardens
Arizona Historical Society

Camper Registration Form - Part 1

Please complete the registration form. Save it to your computer and email the completed form to: ykruse@azhs.gov (You are also welcome to print and mail it to: Yanna Kruse, Sanguinetti House Museum and Gardens, 240 S. Madison Avenue, Yuma, Arizona 85364)

Please note: Payment is required to reserve your registration. To make payment by phone call: 928-782-1841

Camper Information:

Camper First Name: _____   Camper Last Name: _____

Address: _____

City: _____   State: _____   Zip Code: _____

Camper's Age: _____   (Ages 6-12)

Allergies/Medications/Medical Conditions:

_____

Any other relevant information:

_____

Dates Attending Camp: (Choose one session)

Session 1:   June 16-17 (Thurs - Fri)

Session 2:   June 21-22 (Tues - Wed) - Closed

Session 3:   July 6-7 (Wed - Thurs)

Session 4:   July 12-13 (Tues - Wed)

Parent/Guardian Name(s): _____

Address (if different from camper): _____

Day Phone: _____   Cell Phone: _____

Email: _____

Emergency Contact Person: _____

Relationship to Camper: _____

Day Phone: _____ Cell Phone: _____

Refund Policy

Refunds will be approved only with written or electronic notification which must be received 7 business days prior to the program start date.

Participation Agreement

I certify that my child (camper listed on this document) is healthy and free of problems that could be dangerous to his/her participation in the Arizona Historical Society's programs or classes.

I understand that in case of emergency, every effort will be made to contact me and/or the emergency contact person listed above. I hereby give my permission for Arizona Historical Society staff and/or volunteers to seek medical attention and/or secure proper treatment for the child (camper) named on this form.

For promotional purposes only, the Arizona Historical Society staff and/or volunteers have my permission to photograph and use pictures or videos that may happen to include my child.

Signature of Parent/Guardian

First and Last Name: _____ Date: _____

Camper Registration Form - Part 2

State of Arizona - Waiver of Liability Release

Participant hereafter referred to as "Party" is voluntarily participating in the (put in the name of the event and the activity they will be doing in it); hereafter referred to as the "Event" on (insert date). The Party(ies) further understands and assumes all risks in participating in the event. In consideration of the Parties participation in the event, the Parties, HEREBY WAIVE AND RELEASE THE STATE OF ARIZONA, AND ITS DEPARTMENTS, AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES, OFFICERS, OFFICIALS, AGENTS, AND EMPLOYEES,(hereafter referred to as the Released Parties) OF ANY LIABILITY ASSOCIATED WITH PARTICIPATION IN THE EVENT.

To the extent allowed by law, the Parties agree to defend, indemnify, and hold harmless the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of the Parties. It is the specific intention of the Parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by the Parties from and against any and all claims. It is agreed that the Parties will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. The Parties agree to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from participation in the event.

Signature of Parent or Guardian

First and Last Name: _____ Date: _____