



LIABILITY RELEASE

I, _____ understand that all persons are responsible for their own safety and security while participating in programs sponsored or hosted, by or at, the Museum of the Red River. While participating in any such program, I shall hold harmless the Museum of the Red River, Idabel Museum Society, Inc. Herron Foundation, Inc., the City of Idabel, as well as the staff and associates of these organizations, and any other agents or agencies, organizations, or any other parties engaged by the Museum and/or its affiliates for furthering the purposes of any program, from any and all liability whatsoever, for any loss or damage of any kind to property or possessions, (including intangibles such as reputation, good will, personal relations, etc.), or injury of any kind to persons, pets, property or possessions, while arriving at, being on, or departing from the premises, or resulting from any and all actions which occurred or may have occurred on Museum premises.

Furthermore, should any travel beyond the premises be any part of any program of the Museum, this release from any and all liability applies to travel participation, to and at any event, place, or activity, regardless of manner of transportation from the premises of the Museum, during the time of the actual program, event or activity, and subsequent return travel, whether direct or indirect, to the Museum.

I have notified the Museum of any special needs, limiting injuries, and/or all medical conditions that might affect participation in any activities and will exercise due caution in consideration of these activities. My participation is voluntary, and I assume all risks.

I have read and understand the above liability release. I affirm that I am at least 18 years of age, or, if I am under 18 years of age, I have obtained the required consent of my parent/guardian as evidenced by their signatures below. I accept:

Print Name: _____ Date: ____ / ____ / ____

Signature: _____

Parent Signature: _____ Date: ____ / ____ / ____

Parent Signature: _____ Date: ____ / ____ / ____



PHOTO RELEASE

I hereby grant the Museum of the Red River, the Herron Foundation, and the Idabel Museum Society, Inc. ("Museum") permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration for educational, informational and promotional purposes.

I understand and agree that all photos are the property of the Museum and will not be returned.

I hereby irrevocably authorize the Museum to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the Museum from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read and understand the above photo release. I affirm that I am at least 18 years of age, or, if I am under 18 years of age, I have obtained the required consent of my parent/guardian as evidenced by their signatures below. I accept.

Print Name: _____ Date: ___ / ___ / _____

Signature: _____

Parent Signature: _____ Date: ___ / ___ / _____

Parent Signature: _____ Date: ___ / ___ / _____



PARENTAL CONSENT AND EMERGENCY CONTACT INFORMATION

Trip or Activity Planned: _____

Purpose of Trip or Activity: _____

Name of Supervisors: Christina Eastep, Volunteers, Other Museum Staff as Needed

Method of Transportation: None

*(charter bus/ contract vehicle, *privately-owned vehicle)*

**When privately-owned vehicles are used for transporting students, only the vehicle owner’s liability coverage is applicable to any vehicular accident. When students are transported by vehicles owned by a rental company, the rental company vehicle liability coverage is applicable to any vehicular accident.*

Changes/Cancellations

I understand the Museum reserves the right to cancel any part or all of any scheduled activities or events. I shall neither expect nor seek recourse from the Museum, its associates or affiliates as described above, other than a refund of fees paid, if any, in the event of such cancellation of the event by the Museum. I further understand that all monies received are used to purchase materials for the program and no monies can be refunded.

Expectations and Instructions

I understand the following is expected of the camper.

- To follow instructions given by the chaperone.
- Not to leave or separate from the group without appropriate authorization from a chaperone.
- To comply with all museum policies and rules of conduct.

In the event any of the above expectations or instructions are violated, I understand museum personnel reserve the right to remove the camper from the camp.

Insurance Coverage

I represent that the camper has insurance either through the state’s Sooner Care insurance program, Choctaw Nation or through my own insurance carrier.

I request that the below-named camper be allowed to participate in the trip/camp planned and specifically consent to the camper’s participation.

Name of Camper: _____ DOB: _____ Gender: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Address: _____ Mobile Phone: _____

Camper Signature: _____ Date: ____ / ____ / ____



Special Conditions

If the trip includes water related activities (such as swimming, diving, boating, sailing, cruise ship travel, etc.) or participation on amusement park rides, I acknowledge the inherent risks in these activities and give my express permission for the student to participate in those activities.

I AGREE _____ DO NOT AGREE _____ TO THE ABOVE SPECIAL CONDITIONS.

Please list any pertinent information we need to know about your child and any special needs your child may have: (Please include any food allergies or special diet needs)

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

Parent/Legal Guardian Medical Emergency Authorization

In the event of a medical emergency while my child is participating in any museum program, I authorize the Museum of the Red River to release the following information to the healthcare provider. I understand museum personnel will use the contact information provided below to contact me in the event of such emergency. If any emergency medical procedures or treatment are required during camp, I consent to the trip chaperone(s) arranging for and consenting to the procedures or treatment in the chaperone’s discretion. I will pay the costs of any such medical procedures or treatment.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

Emergency Contact Information

1st Choice

2nd Choice

Name: _____

Mobile Phone: _____

Day Phone: _____

Night Phone: _____

Cost: _____

Make Checks payable to: IMSI (Idabel Museum Society)
812 E. Lincoln Road
Idabel, OK 74745