

2017 CML Camp Terms and Conditions

Thank you for choosing the Children's Museum of the Lowcountry (CML) for your camp needs. **You must accept the Terms and Conditions for your child to participate in the camps.** You may complete one form for multiple children by writing all names below. This waiver is good for all CML camps during this year.

1. Liability Waiver

In consideration of your accepting my entry, I hereby, for myself, my child, my heir, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Children's Museum of the Lowcountry and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I understand that I am encouraged to maintain proper insurance coverage for my child during the duration of his/her participation and specified activities with CML. I do hereby certify all the information to be correct and true.

2. Cancellation Policy

Cancellations made two weeks or more prior to the first day of camp are eligible for a CML credit. Any cancellation after this time will result in a loss of the entire amount paid. As a nonprofit, these costs have been allocated towards materials and staffing for the program. Please keep in mind as long as there is availability, you may switch programs up to one week prior to the beginning of the originally registered program. CML Credit may be applied for on-site CML activities including programs, admissions, and memberships.

3. Acceptable Behavior Policy

In order to ensure a safe and fun environment for all, children are expected to behave in an acceptable manner and use appropriate language at all times. It is important to remember that there are no refunds or credits given if a child is asked to leave camp due to unacceptable behavior.

CML Camp Permissions

1. Photograph and Story Release

I hereby grant to the Children's Museum of the Lowcountry, its agents and assigns, my permission to use any and all photos of my child, or pictures or writing by my child, for reproductions in any form (print, video, website, etc.) to help explain or promote the Children's Museum of the Lowcountry or its programs.

2. Hospital Choice

In case of an emergency the Children's Museum of the Lowcountry is authorized to call an ambulance and take my child to (circle one)

- A.) MUSC B.) Roper St. Francis.

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First Child's Name: _____

Second Child's Name: _____

Third Child's Name: _____

Parent Name (print): _____

Confirmation:

Your signature below, whether written or electronically typed, is accepted as a binding agreement. You accept that you have read and agreed to the Terms and Conditions of the program.

Signature: _____ **Date:** ____ / ____ / ____
(Parent / Legal Guardian / Applicant over 18)