



## 2024 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 camp. This waiver is good for all CML camps during this year.

My child has my permission to attend and participate in the Children's Museum of the Lowcountry's camp activities. I know of no medical reason why my child should not attend or participate.

### 1. Sick Protocol:

In granting permission for my child to attend CML camps, I understand the risks inherent with such attendance, including but not limited to, the risk bacterial and/or viral infections. I accept responsibility for notifying and will notify CML staff if my child or someone with whom my child has recently had close contact:

(1) exhibits symptoms including but not limited to: fever, chills, cough, difficulty breathing, muscle pain, headache, sore throat, and/or new loss of taste or smell; (2) tests positive for any infection. I understand that my child will be sent home immediately if they meet any of these criteria and no refund or credit will be given.

Furthermore, if a camper tests positive for any infection all camp families will be notified of the exposure and asked to monitor their child closely for symptoms. If you choose to keep your child home from camp following an exposure alert, a refund will NOT be provided.

CML staff reserves the right to notify a parent for immediate pick up if the child exhibits any of the following symptoms:

- Fever
- Persistent cough
- Congestion or runny nose
- Vomiting or diarrhea
- Fatigue, body ache and/or headache

2. Liability Waiver: In consideration of your accepting my child into camp, I hereby, for myself, my child, my heir, executors and administrators, waive and release 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.

3. Cancellation Policy: Except when ACTIVE Refund Protection is purchased, 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 if 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.

4. Acceptable Behavior Policy: To ensure a safe and fun environment for all, children are expected to behave in an acceptable manner and always use appropriate language. All children are expected to comply with health and safety policies. 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.

5. Photo, Video, and Story Release: I hereby grant to The Children’s Museum of the Lowcountry, its agents and assigns, my permission to use 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.

6. Payment Plan Policy: If selecting a payment plan, payment is due in full 2 weeks before session start date. Each camp will have its own payment due date.

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.

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First Child’s Name: \_\_\_\_\_

Second Child’s Name: \_\_\_\_\_

Third Child’s Name: \_\_\_\_\_

Parent Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Parent / Legal Guardian)