

## Fairfield Historical Society a.k.a. Fairfield Museum and History Center

## Release and Agreement

NAME OF CHILD:		
ACTIVITY:	Summer Camp(s)	

DATE(S) OF ACTIVITY: Summer 2024 (July 22-August 23, 2024)

I/We the undersigned Parent(s) or Guardian(s) of the above named child agree to the following understandings:

- 1. The Activity begins when my child is signed off at camp each morning by me with an agent, employee or volunteer of the Fairfield Museum and History Center Activity and ends when I pick up my child and sign off as having picked up my child from the Activity.
- 2. I agree to release Fairfield Historical Society a.k.a. Fairfield Museum and History Center, and any of its agents, employees, volunteers, committee members, officers, directors, invitees and/or guests, as well as their heirs, successors and/or assigns and not to sue such parties for any claims, liabilities, demands and causes of action arising out of, or connected to, personal injury, illness, death or property damage resulting from any cause whatsoever including but not limited to their own negligence or omissions. I agree to indemnify, defend and hold harmless Fairfield Museum and History Center and any of its agents, employees, volunteers, committee members, officers, directors, invitees and/or guests, as well as their heirs, successors and/or assigns from any damages resulting from any events over which they have no control such as, but not limited to, Acts of god, strikes, accidents or governmental actions. In addition, I will indemnify, defend and hold harmless Fairfield Museum and History Center, and any of its agents, employees, volunteers, committee members, officers, directors, invitees and/or guests, as well as their heirs, successors and/or assigns from any claims, liabilities, costs or expenses arising out of personal injury or property damage occurring during the Activity resulting from any cause whatsoever including but not limited to their own negligence or omissions.

## RELEASE AND AGREEMENT

Emergency Telephone #

Fairfield Museum and History Center, a	bide by such rules, regulations and directions of nd any of its agents, employees, volunteers, committee d/or guests in charge of and/or involved in the Activity
and History Center, and any of its agents directors, invitees and/or guests involved necessary for my Child's safety and well transportation all at my expense. I have promplete current and accurate medical in physician to administer any proper medical emergency occurring during the course of given prior to any need for medical care whatever emergency medical the physic of his/her judgment. I assume that a reason have provided Fairfield Museum and Hisinformation for me and my spouse [if apple Center staff, and any of its agents, employed.]	, becomes ill or incapacitated, Fairfield Museum s, employees, volunteers, Committee members, officers, d in the Activity, may take any action it/they deem l-being including securing medical aid and provided Fairfield Museum and History Center with information regarding my Child. I authorize any licensed ical treatment to my child in the event of a medical of the Activity. I understand that this authorization is and is given to avoid any unnecessary delay for ian may deem appropriate and advisable in the exercise sonable effort will be made to contact me as I have I estory Center with complete current and accurate contact oplicable]. I authorize Fairfield Museum and History oyees, volunteers, Committee members, Officers, d in the Activity to arrange for emergency transportation a medical facility.
my child. I also give permission to the l photographs, or videotape, of my child	fuseum and History Center to photograph, or videotape, Fairfield Museum and History Center to use the for promotional purposes, including but not limited to r marketing and communication materials.
understand that by signing this Releas	ent and fully understand its terms. I further se and Agreement I am giving up substantial legal a this Release and Agreement by any promise or y and of my own free will.
Guardian/ Parent signature	date
Emergency Telephone #	Email address:
Guardian/ Parent signature	date

Email address: