

# Programming Participation Request Form

Event: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date/Time of Event: January 30<sup>th</sup> 2015, 2:00-4:00pm

Child Participant (s): \_\_\_\_\_

Number of Children: \_\_\_\_\_ Age (s): \_\_\_\_\_

Do any of the children have special needs, allergies, etc? \_\_\_\_\_

**Cost**

Base Amount

Advance \$10/child \_\_\_\_\_  
At the Door \$15/child \_\_\_\_\_  
Total \_\_\_\_\_  
Paid:  Yes  No

Method of Payment (please circle one):    Cash /    Cheque

- adult supervisors required for more than one child
- Please arrive 15 minutes prior to the scheduled time.
- **I Freely Accept and Fully Assume All Responsibility for the inherent "RISKS" and the possibility of personal injury, property damage or loss resulting from my own or my infant's Participation in Museum Activities. I agree to Waive All Claims that I or the infant Participant (s) might have against the "HOST"; and To Release the "HOST" from Any and All Liability for any loss, damages, injury, or expense that I, the infant Participant (s) or our "Legal Representatives" might suffer as a result of my Participation or my infant's Participation due to any cause whatsoever including any NEGLIGENCE ON THE PART OF THE "HOST"; and To HOLD HARMLESS AND INDEMNIFY THE "HOST" from any and all liability for property damage or personal injury to any third party which might result from my own or my infant's Participation in Museum Activities.**

I am the Parent and/or Legal Guardian of the Infant Participant named above

Signed This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Signature of Museum Representative/HOST)



**Wetaskiwin & District Heritage Museum**

*Moving forward with history*

5007 - 50 Avenue, Wetaskiwin

Phone: 352-0227 • Fax: 352-0226 • Email: [wldhm@persona.ca](mailto:wldhm@persona.ca)

[www.wetaskiwinmuseum.com](http://www.wetaskiwinmuseum.com)