



Program Agreement for Minor Participants

I _____, the parent or legal guardian of _____ (full name of minor participant), hereby grant permission for my child/ward to participate in Arizona-Sonora Desert Museum programs as specified: _____ (program name and dates). I understand that these programs are under the supervision of Arizona-Sonora Desert Museum staff who will remain with the participants at all times.

LIABILITY RELEASE

I have read the itinerary and description of activities for all programs in which my child will participate and I understand the nature of such travel (if applicable) and activities. I acknowledge that there are risks inherent in any program involving travel (if applicable) and/ outdoor activities.

I hereby release and hold harmless the Arizona-Sonora Desert Museum and its officers, agents, and employees, individually and collectively, from all claims and liability for damages, injuries, deaths, losses, or delays arising out of my child's/ward's participation in Arizona-Sonora Desert Museum programs, except to the extent the claims or liabilities arise from the gross negligence or intentional wrongful activities of the Arizona-Sonora Desert Museum or its officers, agents, or employees.

PHOTOGRAPHIC LIKENESS RELEASE

I understand that during the course of program activities, photographs and audio/video recordings may be taken of my child. My permission for Arizona-Sonora Desert Museum, its agents and employees to use or publish any photographs or audio/video records that include my child's name or likeness is as recorded below:

You may use my child's/ward's name: _____
(NOTE: First name only is acceptable)

Yes

No

You may use my child's/ward's photographic likeness:

Yes

No

MEDICAL EMERGENCY AUTHORIZATION

I understand that every reasonable effort will be made to contact the parent/guardian or authorized emergency contact of a minor program participant in the event of urgent and emergent medical situations and designate the following contacts in descending order:

Emergency Contact # 1:

Name: _____ Relationship to participant: _____

Primary phone: _____ Secondary phone: _____

Emergency Contact # 2:

Name: _____ Relationship to participant: _____

Primary phone: _____ Secondary phone: _____

Emergency Contact # 3:

Name: _____ Relationship to participant: _____

Primary phone: _____ Secondary phone: _____

In the event that attempts to reach an authorized emergency contact are unsuccessful, I authorize Arizona-Sonora Desert Museum staff to make decisions regarding the medical care or treatment of the named minor participant, including seeking and approving medical treatment for non-emergencies in the event I cannot be reached.

I voluntarily disclose the below relevant information regarding conditions such as chronic or recurring illness, physical limitations, allergies, dietary restrictions, etc. of which Arizona-Sonora Desert Museum staff should be aware:

CONSENT TO ADMINISTER MEDICATION

I understand that all medications needed by the participant while under the supervision of Arizona-Sonora Desert Museum staff, both prescription and non-prescription, must be authorized in writing by the parent/guardian. Inhalers and Epi-pens may be carried by participants; all other medications will be held by Arizona-Sonora Desert Museum personnel and provided to the participant as directed by the parent/guardian. Participants are not permitted to possess unauthorized medications while taking part in Arizona-Sonora Desert Museum activities. As the parent/guardian of the named minor, I authorize Arizona-Sonora Desert Museum staff to dispense the provided medications listed below to my child following the dosage instructions as described:

Medication	Dosage/Schedule

If your child will require medication or other health care products during the event, the staff member will carry and administer the products as instructed above by legal guardians. All products must be given to staff on the 1st day of camp. Inhalers/Epi-Pens must also be registered with Museum staff. All products must be in the original packaging.

NATIVE FOOD TASTING AUTHORIZATION

I acknowledge that some programs may include the tasting of native foods such as prickly pear fruit, prickly pear pads, saguaro fruit, agave, mesquite flour/beans, palo verde beans, cholla buds, chili powder, figs, squash seeds, and acorns. My child/ward may or may not participate in native food tasting as designated below:

- Yes, my child/ward may participate in native food tasting.
- No, my child/ward may not participate in native food tasting.

CONSENT OF PARENT OR LEGAL GUARDIAN

I have thoroughly read and fully understand the terms of this agreement and voluntarily consent and agree, individually and as parent or legal guardian of the minor named above, to the foregoing terms and provisions as described above.

Printed name of parent or legal guardian

Signature of Parent or Legal Guardian

Date