

**ADVENTURES IN SCIENCE SUMMER CAMP
CONSENT FORM**

Please fill in the following information below, and sign at the bottom to acknowledge your consent.

_____ (Camper's Name) has my permission to participate in the *Adventures in Science Summer Camp* at The Women's Museum: An Institute for the Future from (select one of the following):

June 6 -10, 2011 [Ages 10-12]

9:00 a.m. – 1:30 p.m.

June 13 – 17, 2011 [Ages 13-16]

9:00 a.m. – 1:30 p.m.

I understand that this camp will involve filming of the campers, and therefore grant The Women's Museum: An Institute for the Future the right to use this camper's name and likeness in a photograph, filmed production, or advertisement. This right extends to any and all phases of the utilization of the reproduction, including publicity, promotion, advertising, and marketing.

The following adults have permission to sign _____ in and out of camp on any given day, or on specific designated dates:

Camper's Name

Name Relationship to Camper Telephone Number

Name Relationship to Camper Telephone Number

Name Relationship to Camper Telephone Number

I understand that these people may also be contacted in case of emergency. In case of extreme emergency, The Women's Museum: An Institute for the Future has my permission to obtain medical care for the listed camper by contacting 911, then locating parents or designated adults.

Parent/Guardian Signature Date

List any allergies, medications, and medical conditions that the Museum staff should be aware of: _____

Please sign and return this form to:
The Women's Museum
Attn: Education/Summer Camps
3800 Parry Avenue
Dallas TX 75226
Fax: 214-915-0870

