Wyman Summer Nature Camp - Registration Form

Child's Name	Age (at ti	me of camp)
Please fill in the circle next to the class	you are registering for:	
 Age 3-5 Session 2 Every Tuesda Age 6-9 Session 3 Every Monda Age 6-9 Session 4 Every Tuesda Ages 10 and up Every Monday 3 	y 10-11 am June 3 rd – June 24 th (\$20) y 10- 1 am June 4 th – June 25 th (\$20) y 11am -12pm June 3 rd – June 24 th (\$ y 11- 12pm June 4 th – June 25 th (\$20) 12:30-2:00 pm June 3 rd – June 24 ^h (\$20) 12:30 to 2:00 pm June 4 th – June 25 ^h	25)
Address		
Parent/ Guardian Name		
Parent Guardian Phone Contact Are there any medical conditions that w		
Devent / Counting Drinted Name	Cionatura	
Parent/ Guardian Printed Name	Signature	Date
Registration Form, Liability Form & Motaken to Wyman Museum (3 mile east officially registered for a class. Class size Museum hours are Mon- Fri 10-4 and S	of Craig on HWY 40) during open ho es are limited & fill quickly. Deadlin	ours before you are
For Museum I	Employees to fill out: \$20 Paid \$25 Paid	

Release of Liability Form

Must be filled out before child can register & participate in the Wyman Museum Summer Nature Camp

I,	(parent or legal guardian's full name)
on behalf of my minor child,	(child's
full name) any personal representatives, heirs, and next of Ranch and Museum, and their owner, agents, employees as personal injury, death, or property damage through my chill Nature Camp.	nd representatives from any liability of
I am fully aware, understand and acknowledge that my chi outside and indoors, during the Camp, including but not lir with animals, and science activities that my child will engaunderstand and acknowledge that these activities have inhe knowingly assume those risks, release and covenant not to Museum or their representatives for any liability whatsoever the activities of the Camp.	mited to hiking, nature activities, interaction age in that may result in physical injury. I erent risks associated with them, and I sue the Wyman Living History Ranch and
In the event of an injury or medical emergency, I consent t	to emergency medical attention for my child.
The undersigned hereby agrees to indemnify and save and Ranch and Museum and it's representatives from any loss, result of my minor child's participation in the Camp. The ufor and risk of bodily injury, death, or property damage due Living History Ranch and Museum. The undersigned has read and voluntarily signs the release agreement, and further agrees that no oral representations,	, liability, damage, or cost that may occur as a undersigned hereby assumes full responsibility the to participation in the Camp at the Wyman and waiver of liability and indemnity
foregoing writing agreement have been made.	-
Signed this day of((month),(year)
Parent/Guardian printed name	
Parent/Guardian signature	
Participant name (please print)	
Address	
City State	
Phone:	