



Wonderworks Children's Museum Waiver Form

Child's name _____

Age _____ M _____ F _____

Parent/guardian's name _____

Address _____ City _____ Zip _____

Home phone _____ Work _____ Cell _____

In an emergency, if unable to contact the parents, contact:

Name _____ Phone _____

In case of an emergency, and if unable to reach parents, Wonderworks, will arrange transportation to a local emergency facility. The fees associated with this will be the responsibility of the parents.

_____ (participant's name) has my permission to participate in the Wonderworks program and activities. I also authorize Wonderworks to use local emergency services in order to secure proper treatment for my child as above.

The undersigned participants on behalf of themselves and their children agree to hold Wonderworks Children's Museum of The Dalles, its agents, employees and officials, while acting within the scope of their duties harmless from all causes of action, demands, and claims, including the cost of their defense, arising in favor of the child participant or third parties on account of personal injuries, death or damage to property arising out of activities at the premises and in any way connected with the activities of the participant in Wonderworks programs except for those acts which are the sole negligence of Wonderworks, its agents and officials.

_____ (check) I also consent and authorize Wonderworks to use my child's name and photograph for education and public relations purposes related to Wonderworks.

Signature of parent/guardian _____ Date _____