



Credit Card Charge (leave blank if paying in person)

We accept Visa, Mastercard and Discover. We do not accept debit cards.

Name as it appears on the Credit Card _____

Billing Address of Credit Card Holder:

Street _____ City _____ State _____ Zip _____

Phone Number of Credit Card Holder: _____

Credit Card Number: _____

Expiration Date _____ Three digit number on back of card _____

Signature of Card Holder: _____

REGISTRATION FEE POLICIES:

Full payment must accompany registration by 3:00pm on the Friday before camp begins. This is a four-day camp. Attendance is necessary on the first day in order to attend days 2 through 4. There is no reduction in fee for attending fewer days. Registration ends when all twelve spaces in the camp are filled. Only paid participants are allowed in the camp, no visitors. The camp is not designed for parents to attend or volunteer. The museum reserves the right to cancel the camp. Refunds are only given under the following conditions: (1) if the camp is cancelled by the museum; (2) an enrollment is denied due to camp size limitation; or (3) if a participant gives notice of cancellation at least 1 week in advance of the first day of camp. There will be no partial refunds and no credits. Refunds will not be given due to expulsion or suspension from the camp.

Emergency Contact Information (in preferred order of contact)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

In case of emergency, we request medical insurance information. In an emergency, 911 will be called and emergency contacts notified.

Insurance Provider _____

Name of Policy Holder _____ Policy Number _____



Please list persons authorized to pick up your child. We will not release a child without this information or without contacting an emergency contact.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Medical Information

Please list any relevant medical conditions, including allergies:

Is your child on any medications? If yes, please list _____

Parental Agreement and Behavior Contract

(Please Initial Each Statement)

_____ I give permission to the El Paso Museum of Archaeology to arrange for emergency medical attention for my child in my absence. I understand the El Paso Museum of Archaeology will make every effort to contact the parent in case of emergency. I understand I am liable for any and all medical care costs incurred in the case of emergency treatment.

_____ The information on the preceding pages is correct and current to the best of my knowledge. I agree to make the El Paso Museum of Archaeology aware of any changes as soon as these changes occur.

_____ The safety of participants and staff is of outmost important to the El Paso Museum of Archaeology. Any behavior that may cause harm to participants or staff, that disrupts camp activities, or that is against program conduct policies is strictly prohibited.

_____ Program Rules of Conduct:

In order to provide a safe, comfortable, and educational environment for all program participants and staff members, all participants in an El Paso Museum of Archaeology program must abide by the following;

- Use of insults, profane, threatening or vulgar language is prohibited.
- Program participants are not allowed to bring a weapon of any kind.
- No pets are allowed at any El Paso Museum of Archaeology program.
- Participants must wear adequate attire at all times. No flip flops, skirts/dresses, crop or tank tops are allowed.

(continued on next page)

- No cellphone use during camp activities.
- No soliciting.



_____ I have discussed the above rules with my child and we agree to abide by them. I understand that if my child does not follow them, a conversation between the Camp Director and Parent/Guardian will occur prior to any action being taken. I understand that depending on the violation, participants not abiding by these rules may be asked to leave the El Paso Museum of Archaeology program. I understand that if my child is suspended or expelled from an El Paso Museum of Archaeology program, my child may not be eligible to participate, or may be denied participation in future El Paso Museum of Archaeology programs.

Refunds will not be given due to expulsion or suspension from program.

Parent/Guardian Signature _____



CITY OF EL PASO
El Paso Museum of Archaeology
CONSENT FOR PHOTOGRAPHY

I, _____, for Child _____
(Parent Print Name) (Print Child's Name)

hereby consent to being photographed by agents, employees, volunteers, and contractors of the City of El Paso Museum of Archaeology for general publicity purposes. I further authorize the City of El Paso Museum of Archaeology, its agents, employees, and contractors to copyright, use, re-use, publish and re-publish any still or video photographs of me, as well as any electronic recordings and other illustrations, in whole or in part. I also consent to the use of my photograph with any printed matter connected therewith.

I acknowledge and agree that the City is the exclusive owner of any copyrights pertaining to any still photographs, video recordings, electronic records, voice recordings, or illustrations in whole or in part that are taken of me during my participation in the camp.

I hereby waive any right that I may have to inspect and approve the finished product(s) and printed matter that may be used in connection therewith.

I HEREBY AGREE TO RELEASE AND HOLD HARMLESS THE CITY OF EL PASO, ITS OFFICERS, AGENTS AND EMPLOYEES AND THE MUSEUM OF ARCHAEOLOGY, ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ALL LIABILITIES, LOSSES, SUITS, CLAIMS, JUDGMENTS OR DEMANDS ARISING OUT OF THE USE OF PICTURES OR OTHER PERSONAL INFORMATION FOR THE PURPOSE SET OUT IN THIS CONSENT AND RELEASE FORM.

By signing this Consent and Release, I also acknowledge that I have been advised that my participation in the preparation of any materials by the El Paso Museum of Archaeology for the purpose set out herein for which my photograph or voice recording might be used is purely voluntary on my part.

I further understand that I will not be compensated in any way for the use of my picture or voice recording and waive any right I might have to compensation.

Parent/Guardian Signature _____

Date _____



**City of El Paso
El Paso Museum of Archaeology
AGREEMENT AND RELEASE OF LIABILITY**

I, _____ (Parent/Guardian) on behalf of
_____ (Child) hereby acknowledge and agree to the following:

I am aware that I am voluntarily participating in these programs and collaboration activities at the El Paso Museum of Archeology located 4301 Transmountain Road, in El Paso, TX, 79924. with knowledge of the danger involved and hereby agree to accept the danger involved and hereby agree to accept any and all risks of injury and/or death.

Please initial _____

As lawful consideration for being permitted by the El Paso Museum of Archaeology to participate in these activities, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of, or prosecute the El Paso Museum of Archaeology, museum employees, volunteers and agents, or the City of El Paso, City’s employees, volunteers, and agents, as a result of my participation in the educational programs and collaboration activities at the El Paso Museum of Archaeology. In addition, I hereby release and discharge the El Paso Museum of Archaeology, museum employees, volunteers and agents, and the City of El Paso, City’s employees, volunteers and agents from all actions, claims or demands, I my heirs, distributees, guardians, legal representatives, or assigns now have or may hereafter have for injury to my person or damage to my property, resulting from my participation in the programs, collaboration in activities or any museum business, or in the operations of the buildings and grounds of the El Paso Museum of Archaeology.

Please Initial _____

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and contract between myself and the City of El Paso- El Paso Museum of Archaeology and I sign it of my own free will.

Please Initial _____

Parent/Guardian Signature on behalf of
Child: _____

Date _____



City of El Paso
El Paso Museum of Archaeology
AGREEMENT AND RELEASE OF LIABILITY

I _____ as parent of _____ (“Child”) consent to my Child participating in the El Paso Museum of Archaeology programs (“Program(s)”). I am fully aware of the danger involved in my Child participating in the Program and hereby agree to accept the danger involved and hereby agree to accept any and all risks of injury and/or death involved in my Child’s participation in the Program. I hereby release the City, its officers, agents, and employees, as well as the Museum of Archeology (“Museum”), its officers, agents, and employees from any claims I may have regarding any injury or death caused to my Child during my Child’s participation in the Program.

____ (initials)

I FURTHER AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS, THE CITY, ITS OFFICERS, AGENTS, AND EMPLOYEES, AS WELL AS THE MUSEUM OF ARCHEOLOGY, ITS OFFICERS, AGENTS, AND EMPLOYEES (THE “INDEMNIFIED PARTIES”) FROM ANY THIRD PARTY CLAIMS FOR INJURY, DEATH, OR PROPERTY DAMAGE AGAINST THE INDEMNIFIED PARTIES RESULTING FROM ANY OF MY ACTS OR OMISSIONS, OR THAT OF MY CHILD’S DURING PARTICIPATION IN THE PROGRAM.

____ (initials)

I further agree to repair, replace, or pay for any property damage caused to City or Museum property before, during, and after my Child’s participation in the Program.

____(initials)

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and contract between myself and the City of El Paso- El Paso Museum of Archaeology and I sign it of my own free will.

____ (Initials)

Parent/Guardian Signature_____

Date_____