



ADVENTURES IN NATURE

Authorization/Release Form

Please bring on the first day of class.

All children must have a signed Authorization/Release in order to participate in the Adventures in Nature 2020 program.

_____ (Grade _____)

Child's Name

_____ (Grade _____)

Child's Name

_____ (Grade _____)

Child's Name

_____ (Grade _____)

Child's Name

I have read and fully agree with all the registration policies stated here. I waive all claims against the Natural History Museum foundation and its employees or volunteer workers and the County of Los Angeles for injury, accident, illness or death occurring and/or by reason of participation. Participation may include, and is not limited to, activities that may be held outside of the museum but within Exposition Park including the California Science Center, Jesse E. Brewer Jr. Park, the Rose Garden, and field trips in the Greater Los Angeles area. Participation at the La Brea Tar Pits and Museum may include, and is not limited to, activities that may be held outside of the museum including the Los Angeles County Museum of Art and Hancock Park. All Adventures In Nature activities are supervised during all program times by Natural History Museum staff, including class time, the lunch periods and Extended Care. The Natural History Museum may use pictures of my child(ren) in its promotional material. In case of emergency, I authorize any licensed physician, nurse or hospital to render such medical aid as may be deemed necessary and/or desirable to the child(ren) named above.

Parent or Legal Guardian (Print & Sign) and Phone Number Date

Does your child have any special or dietary needs?

Emergency Contact and Relationship Contact Daytime Phone

I authorize the following adults to pick up my child:

Name and relationship Daytime Phone

Name and relationship Daytime Phone