



# Camp Sign-up and Liability Form

## Summer of 2026

Camper Name: \_\_\_\_\_ . Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

Age: \_\_\_\_ . Male or Female: \_\_\_\_ . Last Grade Completed: \_\_\_\_\_ .

Address: \_\_\_\_\_ . ZIP: \_\_\_\_\_ .

<b>ATTENDING 2026</b>	<b>SUMMER CAMPS</b>			<b>PER CAMPER</b>
YES OR NO	<b>Explorers Camp; Japan</b>	Ages:8-12	June 16 <sup>th</sup> -19 <sup>th</sup>	\$85
YES OR NO	<b>Dino Camp</b>	Ages:5-7	July 7 <sup>th</sup> -10 <sup>th</sup>	\$45
YES OR NO	<b>Youth Art Camp</b>	Ages:12-18	July 28 <sup>th</sup> -31 <sup>st</sup>	\$85

Parent/Guardian: \_\_\_\_\_ . Phone Number: \_\_\_\_\_ .

Relationship to Camper: \_\_\_\_\_ .

Parent/Guardian: \_\_\_\_\_ . Phone Number: \_\_\_\_\_ .

Relationship to Camper: \_\_\_\_\_ .

Emergency Contact: \_\_\_\_\_ . Phone Number: \_\_\_\_\_ .

Please list any information we need to know about your child and any special accommodations they may have (include any food allergies, special diet needs and any medication the camper may need to take during camp hours): \_\_\_\_\_  
\_\_\_\_\_

### **Instructions and Expectations**

I understand the following is expected of the camper:

- To follow instructions given by the Museum staff and volunteers.
- Not to leave or separate from the group without appropriate authorization.
- To comply with all museum policies and rules of conduct.
- To wear appropriate clothing and footwear for indoor and outdoor activities.

In the event any of the above instructions and expectations are violated, I understand Museum personnel reserve the right to remove the camper from the camp without tuition refund.

**I request that the camper named below to be allowed to participate in the camp planned and specifically consent to the camper's participation.**

Camper Signature: \_\_\_\_\_ . Date: \_\_\_\_\_ .

Parent/Guardian Signature: \_\_\_\_\_ . Date: \_\_\_\_\_ .

Camper Name:	Parent Name:	Phone Number:	Email:	
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# Liability Release

## 2026/2027

I, \_\_\_\_\_ understand that all persons are responsible for their own safety and security while participating in programs sponsored or hosted, by or at, the Museum of the Red River. While participating in any such program, \_\_\_\_\_ (name of school, organization or business) shall hold harmless the Museum of the Red River, Idabel Museum Society, Inc., Herron Foundation, Inc., the City of Idabel, as well as the staff and associates of these organizations, and any other agents or agencies, organizations, or any other parties engaged by the Museum, and/or its affiliates for furthering the purposes of any program, from any and all liability whatsoever, for any loss or damage of any kind to property or possessions, (including intangibles such as reputation, good will, personal relations, etc.) or injury of any kind to persons, pets, property, or possessions, while arriving at being on, or departing from the premises, or resulting from any and all actions which occurred or may have occurred on Museum premises.

Furthermore, should any travel beyond the premises be any part of any program of the Museum, this release from any and all liability applies to travel participation, to and at any event, place, or activity, regardless of manner of transportation from the premises of the Museum, during the time of the actual program, event, or activity, and subsequent return travel, whether direct or indirect, to the Museum.

I have notified the Museum of any special needs, limiting injuries, and/or all medical conditions that might affect participation in any activities and will exercise due caution in consideration of these activities. The school, organization or business's participation is voluntary, and assumes all risks.

We further agree to permit the museum to record and use any written and photographic documents and material pertaining to the event and its participants, and/or used and/or resulting from any other aspects of the program, for promotional and any other purposes of the Museum and its associates. This includes, but is not limited to social media, the Museum's website and local media outlets

**I have read and understand the above liability release and have the ability to give consent for anybody with the group. I accept on behalf of the group the above conditions. By signing below, we accept all terms and acknowledge that this Statement of Liability has been read.**

Print Name: \_\_\_\_\_ . Signature: \_\_\_\_\_ . Date: \_\_\_\_\_ .