

Camp Waiver

I understand that there are inherent risks of injury that may occur during the camping period at the Springfield and Central Illinois African American History Museum. I also understand that there are risks of injury in participation in the events that take place inside or outside the Springfield and Central Illinois African American History Museum.

I understand that such risks include, but are not limited to, slip and falls, trips, collisions, overexertion, theft, other accidents or incidents that may result in harm, loss, disability, death or other injury or damage to my Minor Participant. I understand that such injuries may include, but are not limited to, minor or major personal, physical, bodily, emotional, mental, economic, property or other types of injuries or damages, including, but not limited to, scrapes, bruises, sprains, torn or damaged muscles or ligaments, broken bones, burns, respiratory or auditory problems, concussion.

I understand that these injuries may be caused in whole or in part by the Springfield and Central Illinois African American History Museum (which includes its subsidiaries or employees) me, my Minor Participant, other participants in the program, and/ or members and guests.

I fully understand and appreciate, knowingly and voluntarily accept, specifically assume responsibility for and freely choose to allow my Minor Participant to participate in the Camp Event which includes participation in activities in spite of, the Risks of Injury set forth above.

WAIVER AND RELEASE OF LIABILITY. On behalf of myself and my spouse/ partner, children/ Minor Participants parents, guardians, heirs, next of kin, personal representatives, I hereby voluntarily and forever discharge the Springfield and Central Illinois African American History Museum and waive any and all present and future claims, demands, actions, causes of action, damages, losses or any other alleged liabilities or obligations, whether known or unknown, for any Injuries (which includes personal injuries and property damage) to me or my Minor Participant sustained in participating in camp activities which arise out of, result from or are caused by, the negligence of the Springfield and Central Illinois African American History Museum.

RELEASE OF IMAGE AND LIKENESS. The undersigned hereby irrevocably consents to and grants the Springfield and Central Illinois African American History Museum the exclusive and unlimited rights to use and reproduce any and all photographs, slides, moving pictures, audio and visual recordings or testimonial accounts taken by the Springfield and Central Illinois African American History Museum that contain my Minor Participant's name, image, voice, likeness or account, for any lawful purpose whatsoever and using any means available including, but not limited to, any of the Springfield and Central Illinois African American History Museum records, public relations or marketing communication material, videos or online material, social media campaigns. I waive the right to inspect, approve or edit any such use or reproduction, the Springfield and Central Illinois African American History Museum may make and all changes, modifications, rearrangements, additions or deletions in its use reproductions without any approval.

I hereby certify that I have read and understand this entire Agreement and agree to and accept the terms and conditions of this entire application. Minor Participant will receive the privilege of participating in the Camping Event, and I agree that he or she will abide by all rules and regulations of the Springfield and Central Illinois African American History Museum, which are subject to change and which, in the opinion of the Springfield and Central Illinois African American History Museum management, are deemed necessary and reasonable for the best interest of members, participants in its event, the Springfield and Central Illinois African American History Museum.

Signature of Parent/ Legal Guardian of the Minor Participant _____ Date: _____

Printed Name of Parent/ Legal Guardian of the Minor Participant _____

Printed Name of Minor Participant (s) _____