

# **The Biggs Museum of American Art Summer ArtVenture Camp Policies and Forms**

**THESE FIVE (5) FORMS MUST BE RETURNED PRIOR TO or ON THE FIRST DAY  
OF CAMP**

**TO: The Biggs Museum of American Art  
c/o Regina Lynch  
406 Federal Street  
Dover, DE 19901**

**OR**

**[rlynch@biggsmuseum.org](mailto:rlynch@biggsmuseum.org)**

## SUMMER ART VENTURE CAMP POLICIES

Please read the following policies and *sign at the bottom*

- **Drop-Off and Pick-Up**

- Drop off campers no earlier than 8:45 am and pick them up promptly at 12:00 pm.
- Campers must be signed in and out every day and will not be sent home with an adult not listed below, unless advanced notice is given.

**Please list persons who are authorized to pick up your child/children:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- **Food and Medication**

- There is no on-site venue to purchase a snack, so please send your camper(s) in with one. Due to food allergies, camp and museum staff cannot provide snacks. **No peanut products**, please!
- The Museum is not allowed to dispense medication, prescribed or over the counter.

- **Illness**

- To insure the health of all campers and staff, a camper must be **24 hours fever free** without medication and/or stomach illness in order to attend or return to camp.

- **Attire and Toys**

- Campers should wear clothing that can get messy. We will be using paint, and other potentially messy art supplies.
- Campers should wear sneakers or other comfortable rubber-sole shoes. No Heely-style shoes are allowed in the Museum.
- Do not bring toys or games to camp. This includes all tablets and spinners. We would be very sad if something got lost or broken!
- If your child/children must have a cell phone for emergency purposes, it must be kept in an onsite locker at all times.

- **Tuition and refunds:** Adjustments will not be made for camper(s) absences. Refunds and credits cannot be issued for classes missed as a result of illness, personal emergencies, or any other event. In the event that a session is cancelled by the museum for any reason, all tuition and fees will be refunded. All **withdrawals must be made in writing** and submitted to the Curator Education at [rlynch@biggsmuseum.org](mailto:rlynch@biggsmuseum.org)

- Tuition is refunded on the following schedule:

- **Session One (July 8<sup>th</sup>-July 12<sup>th</sup>)**

- Written withdrawal received on or before July 1<sup>st</sup>...**100%**
- Written withdrawal received after July 1<sup>st</sup> but before the first day of camp...**75%**
- Written withdrawal received on or after the first day of camp...**No refund**

- **Session Two – Morning and Afternoon Sessions (July 15<sup>th</sup>-July 19<sup>th</sup>)**
  - Written withdrawal received on or before July 8<sup>th</sup>...**100%**
  - Written withdrawal received after July 8<sup>th</sup> but before the first day of camp...**75%**
  - Written withdrawal received on or after the first day of camp...**No refund**
- **Session Three (July 22<sup>nd</sup>-July 26<sup>th</sup>)**
  - Written withdrawal received on or before July 15<sup>th</sup>...**100%**
  - Written withdrawal received after July 15<sup>th</sup> but before the first day of camp...**75%**
  - Written withdrawal received on or after the first day of camp...**No refund**

**I have read the above document, understand it and agree to abide by the rules set forth.**

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**Parent Name (Print)**

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**Signature**

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**Name(s) of Camper(s):**

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**Date**

**WAIVER OF LIABILITY, ASSUMPTION OF RISK AND  
INDEMNIFICATION AGREEMENT**

**Biggs Museum of American Art  
ArtVenture Camp**

**Waiver:** In consideration of being permitted to participate in the Biggs Museum of American Art’s ArtVenture Camp (hereinafter called “Activity”), I, for myself, my child, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Biggs Museum of American Art, its officers, employees, and agents from liability **for any and all claims** resulting in personal injury, accidents or illnesses and property loss arising from, but not limited to, my child’s participation in the Activity.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD the Biggs Museum of American Art HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney’s fees brought as a result of my participation in Activity.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks is intended to be as broad and inclusive as is permitted by the law of the State of Delaware and if any portion thereof is held invalid, it is agreed that the balance shall, continue in full legal force and effects.

**Acknowledgment of understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be bound by each term of this agreement** to the full extent allowed by law.

**EVENT ORIENTATION SHEET**

1. In case of medical emergencies, Emergency Medical Services will be contacted. If you want medical treatment to be provided to your child/children, please also sign and return the Consent for Medical Treatment Form on the next page.
2. Campers are expected to represent themselves in an appropriate manner, abide by Museum policies, and understand that they will be held accountable for their behavior.

**I have read the above document, understand it and agree to abide by the rules set forth.**

**Name(s) of Camper(s):**

\_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT FORM

**In order for your child to receive medical treatment in the event of illness or injury while participating in the Biggs Museum of American Art's ArtVenture Camp, please provide the following information and sign the consent form below:**

Camper Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Insurance Company & Policy Number: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **MEDICAL TREATMENT CONSENT:**

I \_\_\_\_\_ (parent/guardian), do hereby consent and grant permission for my child, \_\_\_\_\_, to receive necessary medical treatment in event of an injury or illness while attending the Biggs Museum of American Art's ARTVenture Camp. I accept full responsibility for the payment of all such medical charges. I hereby indemnify the Biggs Museum of American Art, its employees and representatives and hold them harmless in the exercise of their duties under this authority.

Parent Signature: \_\_\_\_\_

## MEDICAL RELEASE FORM

Participant Name: \_\_\_\_\_

Camp Session: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Medical Information:**

Please complete the following immunization information for our records:

**Month/Year    Immunization**

**Month/Year    Immunization**

\_\_\_\_\_ DTP (Diphtheria, Tetanus, Pertussis)      \_\_\_\_\_ HIB (Hemophilus Influenza)

\_\_\_\_\_ OVP (Polio/Oral)/ IVP (Polio Injected)      \_\_\_\_\_ MMR (Measles, Mumps, Rubella)

List any known conditions, diseases, etc. which may limit or restrict the above person from participating in camp activities:

\_\_\_\_\_

List all medications your child is currently taking: \_\_\_\_\_

List all food and medication allergies: \_\_\_\_\_

List all special accommodations and dietary restrictions: \_\_\_\_\_

**IMPORTANT:** Camp staff is **NOT** permitted to dispense medication.

I hereby certify that my son/daughter is fully capable of participating in this camp program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **EMERGENCY INFORMATION:**

In case of emergency, please contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

Or, if unable to reach the above person, please contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

**PERMISSION TO PHOTOGRAPH AND RECORD**

With parent or guardian permission, the Biggs Museum would like the opportunity to use any photographs or videos taken during Summer ArtVenture Camp in educational or promotional materials.

**Please fill out the appropriate section**

I grant permission to the Biggs Museum to use photographs and videos taken at the Museum for educational and promotional purposes.

I hereby waive any right to inspect or approve the finished photographs in printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any rights to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless the Biggs Museum of American Art for publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, and from and against any claim, damages or liability arising from or related to the use of the photographs, including but not limited to any distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

\_\_\_\_\_  
Camper Name(s) (Print)

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Signature Date

**OR**

I *do not* give permission to the Biggs Museum to take or use photographs and videos taken at the Museum for any purposes.

\_\_\_\_\_  
Camper Name(s) (Print)

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Signature Date