



**Welcome to the Smithsonian!** We're pleased that your child(ren) can participate in the Smithsonian Program Cooper Hewitt Design Camp. Under Smithsonian supervision, your child(ren) will explore design through hands-on activities. Please complete this form for your child(ren) to participate. We do require one form per child.

**1. GENERAL INFORMATION ABOUT YOUR CHILD**

Name

Male

Female

Date of Birth

Age

Camp T-Shirt Size

**2. PLEASE SELECT THE CAMP(S) YOUR CHILD(REN) WILL BE PARTICIPATING IN**

Storytelling Through Virtual Reality, March 19 - 23

Typography Today, March 26 - 30

**3. GENERAL INFORMATION ABOUT YOU (PARENT OR LEGAL GUARDIAN)**

Are you a Cooper Hewitt member?    Yes    No

Please provide us with your member ID #:

Parent 1

Address

City/State	Zip
Home Phone	Cell Phone
Email(s)	
Office Phone	

Parent 2	
Address	
City/State	Zip
Home Phone	Cell Phone
Email(s)	
Office Phone	

#### **4. HEALTH INFORMATION ABOUT YOUR CHILD**

<p>Please describe any allergies (e.g., food, bee stings, medication, environmental) or dietary restrictions:</p>          <p>Please describe any health issues or special concerns (physical, mental, emotional) that may affect your child's participation in the program:</p>
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Please provide additional information we should know to assist your child during the program. Use the back of this page if you need additional space:

**NOTE:** If your child must take medication during the program, you must complete a Medication Authorization form.

## 5. EMERGENCIES

If an emergency arises, the Smithsonian will attempt to contact you first and then the alternate person you designate below. You authorize the Smithsonian to take the necessary steps to ensure your child's health and safety during an emergency. In a medical emergency, you authorize the Smithsonian and its employees and agents to seek emergency medical treatment for your child, and you authorize medical personnel to provide emergency medical treatment to your child at your expense.

Name of Alternate Person to contact in Emergency:	
Person's relationship to your child:	
Alternate Person's phone(s):	
Name of Child's Physician:	
Phone number of Child's Physician:	
List all medications your child is taking:	

## 6. PICK UP AND DEPARTURE AUTHORIZATION

If someone other than a parent or legal guardian listed above will be responsible for picking up your child, please provide the name and contact information. The Smithsonian will require identification from the designated person. The Smithsonian will not release your child to anyone other than those you have designated.

Name:

Relation to Child:

Phone number(s)

Name:

Relation to Child:

Phone number(s)

Please check one:

I do  do not  authorize the Smithsonian to allow my child to depart by himself/herself.

## 7. MEDICATION POLICY, WAIVER, AND AUTHORIZATION

Please make every effort to administer your child's medication before or after the program. If your child must take medication during the program, Staff will oversee him/her self-administer the following medications consistent with this policy and your authorization, so long as you complete and sign this form.

Medications must be in a container bearing a pharmacy label that shows the child's name, prescription number, date filled, prescribing physician's name, name of medication, dosage, and directions for administering. You can request from your pharmacist a second (empty) bottle with the same information so that you have a means of transporting your child's medication.

Unused medication will be returned to you. Medication left behind at the end of the program will be destroyed.

Waiver of Liability: You understand that the program Staff who will oversee your child self-administer medication have no medical background or training. You, on behalf of yourself and your child, agree to release, waive, and hold harmless the Smithsonian and its agents and employees, and you assume full responsibility for any risk of loss, damage, death or injury arising directly or indirectly from your child's medications.

Authorization: You agree that you are familiar with the medical condition(s) of your child and you authorize him/her to self-administer the following medications consistent with the information you provide here:

Name of Medication	Reason for Medication	Dosage	When and how often dose is administered during the Program	Special instructions and precautions (e.g., storage)/Side Effects/Contraindications/Notes

List all limitations or precautionary measures associated with the medication. Use the back of this sheet if necessary:

**MEDIA RELEASE**

In consideration of your child’s participation in the program, you agree to the following:

**7A. RELEASE FOR YOUR CHILD’S LIKENESS**

You understand and agree that the Smithsonian may record your child’s participation in the program. Your child may be photographed, videotaped, audiotaped or otherwise have his or her likeness and voice recorded or documented. You agree that the Smithsonian may use such images and recordings for any educational, promotional, archival, or other standard museum or non-profit purpose, worldwide, in any media now known or later developed, without compensation and without time limitations.

You also agree that the Smithsonian may, in turn, grant the same right to third parties that the Smithsonian deems appropriate, in conjunction with the Smithsonian’s activities related to the

program. You acknowledge that the Smithsonian is not required to use your child's images or recordings or to make them available to third parties.

### **7B. RELEASE FOR YOUR CHILD'S WORK**

You understand and agree that, during the program, your child may create art, images, costumes, photos, videos, audio recordings, writing and other forms of original or collaborative work ("work"). On behalf of you and your child, you agree that your child's contributions during the program will be your child's own original work and will not include personal information that you or your child want kept private.

You and your child will own the actual work he or she creates (but not any Smithsonian-owned equipment which he or she uses to create the work) and any copyright in the actual work he or she creates. You agree that the Smithsonian can use all or part of your child's actual work, as well as images or recordings of the work, for any educational, promotional, archival, or other standard museum purpose, worldwide, in any media now known or later developed, without compensation or time limitations.

You also agree that the Smithsonian may, in turn, grant the same right to third parties that the Smithsonian deems appropriate, in conjunction with the Smithsonian's activities related to the program. You acknowledge that the Smithsonian is not required to use your child's work, or to make your child's work available to third parties.

### **8. PROGRAM CONDITIONS**

Staff will take reasonable precautions to prevent harm to your child during the program; however, your child will be participating in activities and/or using materials that carry an inherent risk of injury or fatality. The risks of participation include using sharp tools such as mat knives and scissors; using equipment such as 3D printers; exposure to insect bites and participating in running and playing while having recess in the Museum's garden.

### **9. COMPUTERS/ONLINE RESOURCES**

Your child will have access to a computer and online resources during the program.

During the program, participants will use the Internet to research design disciplines and will be issued a network account to access a site where they will produce digital media they design.

On behalf of you and your child, you agree that your child will not electronically post or save personal information that you or your child want kept private. We recommend that you caution your child about posting personally identifiable information (e.g., full name, street address, telephone number). You acknowledge that program computers are monitored and participants have no expectation of privacy.

## 10. MEALS/REFRESHMENTS

Participants are expected to bring and consume meals/snacks during the program. You acknowledge that the Smithsonian cannot control what food may be brought or shared by other participants. The Smithsonian is NOT a nut-free facility and Cooper Hewitt Design Camp is NOT a nut-free program.

## 11. GENERAL WAIVER OF LIABILITY

I, on behalf of myself and my child, assume full responsibility for any risk of loss, damage, death or injury sustained or caused by my child. To the extent permitted by law, I agree to release, waive, and hold harmless the Smithsonian and its agents and employees from any and all liability for personal injury, death, damage, or loss arising from my child's participation in the program.

## 12. SIGNATURE

I am the parent or legal guardian of \_\_\_\_\_ ("my child"). I believe the information provided on this Registration form is complete and accurate to the best of my knowledge. In consideration of my child's participation in the program, I agree to the terms and conditions contained in this Registration and I grant permission for my child to participate fully in the program under the terms and conditions described above.

Signature:

Printed name:

Date:

## 13. PAYMENT INFORMATION

MasterCard

Amex

Visa

Discover

Name on Card:

Card Number:

Expiration Date:

CCV:

\$500 CH Members

\$550 Non-Members

Amount to Charge:

Please mail completed applications and payment to the address listed below. A Cooper Hewitt staff member will contact you when your application and payment has been processed. If you have any additional questions, please email [designcamp@cooperhewitt.zendesk.com](mailto:designcamp@cooperhewitt.zendesk.com).

Cooper Hewitt, Smithsonian Design Museum  
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