

Bell Museum of Natural History  
University of Minnesota  
10 Church St. S.E.  
Minneapolis, MN 55455

## Participant Emergency Data Sheet

Please fill out all portions of the form, return it to the Museum when you check in for your program.

Program: \_\_\_\_\_

Date: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Friend or relative for emergency contact

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

Cell Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Relevant health concerns for the child:

Please list any medications that need to be administered during program:

The Bell Museum asks your permission to use photos for publicity and advertising. Please indicate whether or not we may use photos of your child. Check one.

**Yes**, I the undersigned give the Bell Museum permission to publish photos of my child.

**No**, I the undersigned do NOT give the Bell Museum permission to publish photos of my child.

### Waiver:

I, the undersigned, hereby hold the Regents of the University of Minnesota harmless from liability for any and all medical and/or accident expenses that my child might incur while participating in the Bell Museum of Natural History Program:

I hereby certify that I have personal health and accident insurance for my child in effect which is sufficient to cover all of the expenses, noted above, which might be incurred by my child. I further certify that I fully understand that there are potential hazards beyond the ability of the Regents of the University of Minnesota to control.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_