



Fairfield Museum

EXPLORE *the past*, IMAGINE *the future*

Fairfield Historical Society
a.k.a. Fairfield Museum and History Center

Release and Agreement

NAME OF CHILD: _____

ACTIVITY: Summer Camp(s)

DATE(S) OF ACTIVITY: Summer 2025 (July 28-August 22, 2025)

I/We the undersigned Parent(s) or Guardian(s) of the above named child agree to the following understandings:

1. The Activity begins when my child is signed off at camp each morning by me with an agent, employee or volunteer of the Fairfield Museum and History Center Activity and ends when I pick up my child and sign off as having picked up my child from the Activity.
2. I agree to release Fairfield Historical Society a.k.a. Fairfield Museum and History Center, and any of its agents, employees, volunteers, committee members, officers, directors, invitees and/or guests, as well as their heirs, successors and/or assigns and not to sue such parties for any claims, liabilities, demands and causes of action arising out of, or connected to, personal injury, illness, death or property damage resulting from any cause whatsoever including but not limited to their own negligence or omissions. I agree to indemnify, defend and hold harmless Fairfield Museum and History Center and any of its agents, employees, volunteers, committee members, officers, directors, invitees and/or guests, as well as their heirs, successors and/or assigns from any damages resulting from any events over which they have no control such as, but not limited to, Acts of god, strikes, accidents or governmental actions. In addition, I will indemnify, defend and hold harmless Fairfield Museum and History Center, and any of its agents, employees, volunteers, committee members, officers, directors, invitees and/or guests, as well as their heirs, successors and/or assigns from any claims, liabilities, costs or expenses arising out of personal injury or property damage occurring during the Activity resulting from any cause whatsoever including but not limited to their own negligence or omissions.

RELEASE AND AGREEMENT

3. I will, to the extent allowed by law, indemnify, defend and hold harmless Fairfield Museum and History Center, and any of its agents, employees, volunteers, committee members, officers, directors, invitees and/or guests, as well as their heirs, successors and/or assigns from any claim, liability and damage to person or property of others that my child or I either cause or contribute to during the Activity.

4. I will instruct my Child and I will abide by such rules, regulations and directions of Fairfield Museum and History Center, and any of its agents, employees, volunteers, committee members, officers, directors, invitees and/or guests in charge of and/or involved in the Activity issue orally or in writing.

5. If my Child, _____, becomes ill or incapacitated, Fairfield Museum and History Center, and any of its agents, employees, volunteers, Committee members, officers, directors, invitees and/or guests involved in the Activity, may take any action it/they deem necessary for my Child’s safety and well-being including securing medical aid and transportation all at my expense. I have provided Fairfield Museum and History Center with complete current and accurate medical information regarding my Child. I authorize any licensed physician to administer any proper medical treatment to my child in the event of a medical emergency occurring during the course of the Activity. I understand that this authorization is given prior to any need for medical care and is given to avoid any unnecessary delay for whatever emergency medical the physician may deem appropriate and advisable in the exercise of his/her judgment. I assume that a reasonable effort will be made to contact me as I have I have provided Fairfield Museum and History Center with complete current and accurate contact information for me and my spouse [if applicable]. I authorize Fairfield Museum and History Center staff, and any of its agents, employees, volunteers, Committee members, Officers, directors, invitees and/or guests involved in the Activity to arrange for emergency transportation away from the Activity program site to a medical facility.

6. I give permission to the Fairfield Museum and History Center to photograph, or videotape, my child. I also give permission to the Fairfield Museum and History Center to use the photographs, or videotape, of my child for promotional purposes, including but not limited to the FMHC website, brochures and other marketing and communication materials.

I have read this Release and Agreement and fully understand its terms. I further understand that by signing this Release and Agreement I am giving up substantial legal rights. I have not been induced to sign this Release and Agreement by any promise or representation and I sign it voluntarily and of my own free will.

Guardian/ Parent signature _____ Date _____

Emergency Telephone # _____ Email address: _____

Guardian/ Parent signature _____ Date _____

Emergency Telephone # _____ Email address: _____