



## Pioneer Kids Week

### PARENTAL RELEASE STATEMENT

I give approval for my child \_\_\_\_\_ to participate in Storowton Village Museum's **Pioneer Kids Week** program. I hereby release the Storowton Village Museum's **Pioneer Kids Week**, held at the Eastern States Exposition, its employees and agents, from any liability arising out of, or in any way connected with, the participation of my child in program activities.

I have provided all information pertinent to my child regarding health, medication (if applicable) and transportation.

I have read and understand the policies enforced during the **Pioneer Kids Week** program regarding group assignment, attendance times, lunches, costumes and emergencies.

I give permission for my child to be photographed and allow Storowton Village Museum and the Eastern States Exposition to use my child's likeness for its publications and marketing purposes.

I also authorize Storowton Village Museum's **Pioneer Kids Week**, held at Eastern States Exposition, its employees and agents, in the event that I cannot be reached at the emergency telephone number(s) I have provided, to transport and admit my child to a local hospital for the purpose of emergency medical treatment. I release said **Pioneer Kids Week**, its employees and agents, from any liability incurred for the transportation and admission of my child to a local hospital for emergency medical treatment.

I understand a refund will be issued only if cancellation is received within 10 days of program start date, and that refunds will be subject to a \$50.00 cancellation fee.

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(Parent/Guardian signature)

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Date