



Grandparent Membership Form

Type of Membership: _____

Primary Named Adults on the Membership:

List up to two named adults from the same household to include on the membership. Each will receive a membership card.

1. Full Name: _____ Birthday: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

2. Full Name: _____ Birthday: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Children on the Membership:

For the Grandparent Membership: List the full names of all your grandchildren under age 18.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Membership Conditions:

- Members are required to show their membership card, along with a valid photo ID each time they visit the museum, in order to gain admission.
- Children must be supervised at all times, and adults must be present. Buckeye Imagination Museum requires at least 1 adult for every 5 children.
- Guests will be charged for replacement of any items damaged. If guests do not treat exhibits or staff with respect, they will be asked to leave.
- Buckeye Imagination Museum reserves the right to revoke any membership without notice.
- Memberships, membership add-ons and reciprocal stamps are non-refundable.

- By signing this contract, you are agreeing to abide by Buckeye Imagination Museum's Rules of Play. For a copy of this policy, see the front desk.
- By signing this contract, you are agreeing to the Buckeye Imagination Museum Media Release Policy, which states that Buckeye Imagination Museum reserves the right to use any photos and videos taken on its property of any and all members associated with this membership, and you waive all rights to those media. For the full policy, see the front desk.
- Buckeye Imagination Museum believes in the safety of its guests and staff at all times, and therefore will follow the Buckeye Imagination Museum Inclement Weather Policy and the Buckeye Imagination Museum Sick Guest Policy. For copies of these policies, please see the front desk.

PLAY AT YOUR OWN RISK

I have read and agree to the membership conditions above and attest that all the information provided is accurate and truthful.

Printed Name: _____

Signature: _____ Date: _____