



1. Participant Information (Minor)

- Child's Full Name: _____
- Date of Birth: _____ Age: _____
- Program / Activity Name: _____
- Date(s) of Participation: _____

2. Parent / Legal Guardian Information

- Parent / Guardian Name: _____
- Relationship to Child: _____
- Address: _____
- Phone Number: _____
- Email Address: _____

3. Assumption of Risk

I understand that participation in activities at Buckeye Imagination Museum may involve physical activity, interactive exhibits, equipment, and materials that may carry inherent risks, including but not limited to slips, falls, minor injuries, or other unforeseen incidents.

I knowingly and voluntarily assume all risks, both known and unknown, associated with my child's participation in museum programs and activities.

4. Release and Waiver of Liability

To the fullest extent permitted by Ohio law, I, on behalf of myself, my child, and our heirs, assigns, and representatives, release and hold harmless Buckeye Imagination Museum, its directors, officers, employees, volunteers, contractors, and affiliates from any and all claims, demands, actions, or causes of action arising out of or related to my child's participation, including claims of negligence, except for willful or wanton misconduct.

5. Medical Authorization

In the event of an emergency, I authorize Buckeye Imagination Museum staff or volunteers to obtain emergency medical treatment for my child if I cannot be reached. I understand that I am financially responsible for any medical expenses incurred.

- Child's Allergies / Medical Conditions: _____

- Preferred Hospital (optional): _____

6. Drop-Off Program Acknowledgment

Initial here: _____

I understand that this program is a drop-off program, and that my child will participate without a parent or guardian present. I acknowledge my responsibility to follow program age requirements, arrival and pick-up times, and all museum policies.

7. Authorized Pick-Up List

Please list below the names and phone numbers of **ALL** persons authorized to pick up your child from Buckeye Imagination Museum. A picture ID is required.

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____
3. Name: _____ Phone Number: _____
4. Name: _____ Phone Number: _____
5. Name: _____ Phone Number: _____

8. Behavior Expectations

I understand that children are expected to follow museum rules and staff instructions. I acknowledge that repeated unsafe or disruptive behavior may result in dismissal from the program without a refund.

9. Photo / Media Release (Optional but Recommended)

Initial here to grant permission: _____

I grant permission for photographs or videos of my child to be used for educational, promotional, or marketing purposes by Buckeye Imagination Museum, without compensation.

Check here if you do NOT grant permission

10. Acknowledgment and Signature

I certify that I am the legal parent or guardian of the child named above, that I have read and understand this waiver, and that I sign it freely and voluntarily.

- Parent / Guardian Signature: _____
- Printed Name: _____
- Date: _____