MUSEUM PROGRAM REGISTRATION

Student Information (One form per student - Please Print Neatly)

Child's Name _____ Date of Birth _____ Age _____ M / F

Contact Parent/Guardian _____ Phone _____ Mobile _____

Address _____ City _____ State_____ Zip_____

Email _____ Emergency Contact_____

Allergies/Medications _____ **Other Conditions/Concerns**_____

How did you hear about us?_____

Are you a member of The Woodlands Children's Museum? No Yes Member#_____

WEEK #	WORKSHOP NAME	FEE	WEEK #	WORKSHOP NAME	FEE

REFUND POLICY: Patrons who notify the museum at least 5 business days before a class begins that they are unable to attend the class are eligible for a 50% refund.

NO REFUNDS are given for cancellation less than 5 days before class begins. **Initial**_____

TWCM reserves the right to cancel a class due to low enrollment at 4pm Friday before the class starts.

PAYMENT IS DUE IN FULL AT TIME OF REGISTRATION

PHOTO RELEASE

Children and/or their work may be photographed during the course of activities and these photographs may appear in The Woodlands Children's Museum's promotional materials such as brochures, Facebook, Twitter, Instagram or ads designed for publications. No child whose photograph is used will be identified by name, nor will any compensation be awarded for use of said photographs. Initial_____

CONSENT AND RELEASE

Although TWCM hopes that no student is ever injured or hurt, injuries are a possibility of participation in the Class. The risk of injury is a risk that the student and legal guardian(s) voluntarily agree to assume in exchange for the privilege of registering for and participating in the Class. The student and their guardian(s) understand and agree that this risk is not a risk that TWCM assumes and that TWCM is not responsible for any injuries to the students. Accordingly, _____ (the "guardian"), the legal guardian of_____(the "student") voluntarily releases TWCM and their directors, officers, employees, volunteers, agents and all persons acting by, through, under or in concert with TWCM (collectively, the "Released parties") from any and all losses, demands, claims, suits, causes of action, liability, costs, expenses and judgments whether arising in equity, at common law, or by statute, under the law contract, torts, or property, for personal injury (including without limitation emotional distress), arising in favor of the guardian or the student based upon, in connection with, relation to or arising out of, directly or indirectly, the student's participation in the Class (collectively, "claims") AND EVEN IF ANY SUCH CLAIMS ARE DUE TO RELEASED PARTIES' OWN NEGLIGENCE, STRICT LIABILITY WITHOUT REGARD TO FAULT, VIOLATION OF STATUTE OR OTHER FAULT. The guardian and student hereby give their permission to the Released Parties to obtain emergency medical treatment for the student if the Released Party deems in its discretion that such emergency medical treatment is necessary.

Parent/Guardian (Printed Name) _____ Date_____

Signature _____

The Woodlands Children's Museum accepts checks, cash, or debit and credit cards. Faxed registration must include Credit Card information in order to be processed. Charge: VISA MasterCard AMEX Discover

Name of Cardholder _____

Card # _____ CVV# _____ Expiration Date _____

CC Billing Address _____

Phone _____ Email _____

Signature _____ Date _____

Submit completed registration forms to:

The Woodlands Children's Museum
4775 W. Panther Creek #280
The Woodlands, TX 77381

Fax: 281-465-0956
E-Mail: workshops@woodlandschildrensmuseum.org