

# MIDDLETON PLACE

## SPARKING INTEREST IN HISTORY

*Summer Camp | July 16 - 20, 2018*

Middleton Place will immerse young people in South Carolina history by introducing them to one of America's Founding Families and to the daily activities of a working Low Country rice plantation. The Sparking Interest in History summer camp is filled with hands-on activities and demonstrations, and personalized tours and programs specially prepared by the professional staff at Middleton Place National Historic Landmark. Fun and educational programming will inspire students with an interest in history, social studies, science and art.

**Camp Time:** 9:00 am – 12:15 pm | **Ages:** 8 and up

**What to Bring/Wear:** Comfortable clothes and shoes, sunscreen, and a mind ready for learning and fun.

**For information/questions:** Charlene Rencher, [crencher@middletonplace.org](mailto:crencher@middletonplace.org) or 843-266-7470

### Camper Information

First Name

Last Name

Does your child have any allergies?

Allergies List

Yes

No

Does your child have any other medical conditions/needs?

Medical Conditions/Needs

Yes

No

Does Middleton Place have permission to treat or seek medical help in your absence, if needed?

Yes

No

Primary Care Physician Name

Primary Care Physician Phone

**Parent/Guardian Information**

First Name

Last Name

Street Address

City

State

Zip Code

E-Mail Address

Home/Cell Phone

Work Phone/Other

**Other Emergency Contact Information**

I give permission for individuals other than myself to drop off or pick up my child on my behalf.

Yes (please list)

No

Full Name

Phone

Relationship

Full Name

Phone

Relationship

**Payment Information**

Cost of the 5-day camp is \$100 which includes programming and daily lunch.

*(Note: Registration is not complete until payment is processed)*

Payment Method

Charge my credit/debit card (info below).

Enclosed check.

Name as it appears on card

Card Type

Card Number

Sec. Code

Exp. Month

Exp. Year

## **Disclaimer/Waiver**

I understand that I am responsible for the transportation of my child to and from Middleton Place each day of the camp. I understand that I must sign my child in and out of camp on time every day. If my child is driving himself/herself, the child will be required to sign in and out. If the child does not sign in, Middleton Place will make every effort to notify the parent listed as the emergency contact.

I further agree to release and forever discharge Middleton Place and its staff, and/or volunteers from any responsibility for loss of personal property or any liability for personal injury due to my negligence, the negligence of the above named child or the negligence of Middleton Place and its staff and/or volunteers while he/she is participating in this summer camp. I understand that he/she may be subjected to potentially hazardous situations and surroundings during this camp. I waive any and all legal claims, rights or causes of action that I, any other parent, guardian, or sibling may have against Middleton Place should an accident occur, due to my negligence, the negligence of the above named child, or the negligence of Middleton Place and its staff, and/or volunteers.

### **Middleton Place Photography/Video Disclaimer**

*The Middleton Place (MP) reserves the right to use any photograph taken during the camp, without the expressed written permission of those included within the photograph. Attendance to the camp constitutes consent to be photographed for use in print and/or electronic publicity. To ensure the privacy of individuals and children, images will not be identified using full names or personal identifying information without written approval from the photographed subject, parent or legal guardian.*

**I, the parent/guardian of the child named below, understand and agree to follow all of the rules outlined above.**

Enter camp participant name to verify agreement.

Date

# MIDDLETON PLACE HONEYBEE SANCTUARY

## Liability Waiver

Participant's Name:	Birth date
Address:	
Telephone:	Email:
Parents' Name:	Parents' Email:

To cover the liability issues of possible injury while participating in all aspects and/or phases of Middleton Place events, participants under age 18 and their legal representatives are required to sign a Waiver of Liability.

### Waiver/Release

In consideration of participating in events at Middleton Place, the undersigned acknowledges and agrees that

- There is a potential risk of injury from activities involved in beekeeping, and while particular rules, equipment and personal care may reduce this risk, the risk of injury does exist; and
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. I willingly agree to follow all safety rules for the event and the instructions of the instructor. If, however, I observe any unusual significant hazard during my presence or participation that may cause injury to myself or others I will remove myself from participation and bring such to the attention of the nearest instructor or Backyard Beekeeper Association representative immediately; and,
- For myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Middleton Place Foundation, Middleton Place Registered National Historic Landmark, Inc. or their Officers, Directors, Trustees, Employees, Members or Guests, any land owners, landholders or other persons making property available for beekeeping activities ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, TO THE FULLEST EXTENT OF THE LAW, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_ (Printed Name)

DATE SIGNED: \_\_\_\_\_

\_\_\_\_\_ (Participant's Signature)

### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

\_\_\_\_\_ (Parent/Guardian and Child's Name. Please Print)

DATE SIGNED: \_\_\_\_\_

\_\_\_\_\_ (Parent/Guardian Signature)

Emergency Phone Number: (     ) \_\_\_\_\_

### MEDICAL INFORMATION

To my knowledge participant is \_\_\_\_/ is not \_\_\_\_ allergic (subject to anaphylactic shock) to honey bee stings.

List other allergies: