



Kitimat Museum &

293 City Centre  
Kitimat, B.C.  
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Email: [info@kitimatmuseum.ca](mailto:info@kitimatmuseum.ca)  
Website: <http://www.kitimatmuseum.ca>

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## Registration Information

Child/Children: \_\_\_\_\_

Age(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Ph #: \_\_\_\_\_

Cell Ph #: \_\_\_\_\_

Please list any medical conditions, allergies or illnesses:

\_\_\_\_\_  
\_\_\_\_\_

By signing this form I fully understand that I have waived any and all rights and claims against the Kitimat Museum & Archives and staff members for any and all injuries suffered by the child/children during the Summer Adventure Program. I also give the Kitimat Museum & Archives staff permission to be in care and control of my child/children both in and out of the museum for the duration of the above named program.

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## Photo Release

I do hereby agree to the following:

I \_\_\_\_\_ (parent or guardian) allow Kitimat Museum & Archives staff to take photos of my child \_\_\_\_\_ (child's name) during summer programs. These photos may be used for advertising purposes on visual display.

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_