



Kitimat Museum & Archives
293 City Centre Kitimat, B.C. Canada V8C 1T6
Phone: 250- 632-8950 | Email: info@kitimatmuseum.ca

INFORMATION FORM

Contact Information

Please print

Parent/Guardian: _____ Phone no. (during program time): _____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Medical Alerts

Please list any medical conditions, allergies or illnesses your child(ren) we should be aware of:

By signing this form, I fully understand that I have waived all rights and claims against the Kitimat Museum & Archives and staff members for 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: _____

Media Waiver

I do hereby agree to the following:

I _____ (parent or guardian) am allowing Kitimat Museum & Archives staff and/or program leaders to take media (photo/video) of my child(ren) _____ during

Museum program activities. Media may be used for advertising purposes or visual display.

Parent/Guardian Signature: _____

Date Signed: _____