



Summer Camp Permissions and Agreements Packet

By completing this form, you acknowledge that you're giving up certain legal rights and hereby represent and warrant to the Aviation Museum of New Hampshire (AMNH): (1) You are over the age of majority in your jurisdiction of residence. (2) You are registering on behalf of a minor and are their parent/legal guardian and, as such, are fully authorized and entitled to enter into this agreement on their behalf. Please note that his agreement requires you to read the Program Agreements on pages 4 and 5.

Please provide your email address below to receive your registration confirmation, newsletters, and information guide! IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED.

By signing my name, I (and my legal guardian) acknowledge that we have carefully read and understood this Form and all of its included documents.

Date: _____

Print Name of Participant: _____ Telephone No.: _____

Address: _____

Signature of Participant _____

Print Name of Parent or Guardian, if applicable _____

Signature of Parent or Guardian, if applicable _____



PERMISSION REQUEST TO PHOTOGRAPH FLIGHTS OF DISCOVERY PARTICIPANTS

Explanation: Images of camp participants, volunteers, Aviation Museum staff and guest of the camp participating in the Flights of Discovery Summer camp are important. They are crucial to documenting the program; they help recruit future Campers for the program; and they are essential for fundraising.

How images are used: The Aviation Museum requests that all participants sign a photo release/waiver so that photos can be taken freely on the Aviation Museum of N.H. grounds and in other relevant settings. The photos will be used only to promote the program within the museum, community, and in Aviation Museum communications regarding educational programs and fundraising.

What you need to do: We ask that all camp participants, volunteers, Aviation Museum staff and guests of the camp participating in the Flights of Discovery Summer camp complete this form, which we will keep on file and consider indefinitely valid unless a camp participant/guardian request otherwise on or after June 2025. Please note it is our intention to regularly take photographs for the purposes described above.

Parent/Guardian permission required: For all campers, it is necessary for a parent or guardian to review this Permission Request and sign it on behalf of the named participant.

Any questions may be directed to Debhora Losch, education director, Aviation Museum of N.H.; 603-236-9237 ext. 405 or dlosch@nhahs.org. Permission forms will be kept at the Aviation Museum.

I, the person named below, do hereby grant permission to be photographed and identified as a participant in the ongoing plane-build partnership between the Manchester School of Technology, the Aviation Museum of N.H., and Tango Flight.

FULL NAME OF PARTICIPANT _____

SIGNATURE OF PARTICIPANT _____

PROGRAM ROLE: _____ **DATE SIGNED:** _____

If program role is "Camp participant," permission must be granted by parent/guardian below.

FULL NAME OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE SIGNED _____

ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

While the Aviation Museum of New Hampshire’s staff and instructors will make every reasonable effort to minimize exposure to known risks associated with each Registrant’s (defined below) participation in an AMNH program (“Program”), I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the “Registrant”) may be required, depending on the nature of the Program, to participate in various physical activities that may involve risk of injury. In this regard, I agree that I have provided (if required) a complete and accurate health history and hereby permit the Registrant to participate in the full range of Program activities, except as specifically noted by me in the health information section of the Program registration (where applicable). In consideration for the Registrant’s opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge the Aviation Museum of New Hampshire (“AMNH”), its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program.

_____ PARENT/GUARDIAN’S INITIAL

MEDICAL EMERGENCIES

In the event of an accident, injury, or illness involving the registrant, and immediate contact by the AMNH with a designated contact cannot be made, I hereby authorize and grant permission to the AMNH staff to secure proper medical treatment and authorize on the registrant’s behalf all procedures, including, without limitation, admission to an emergency unit, hospital, and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold the AMNH responsible for any costs or injury arising out of an emergency situation. _____ PARENT/GUARDIAN’S INITIAL

COMMITMENT TO PRIVACY

The Aviation Museum of New Hampshire is committed to protecting personal information by following responsible information-handling practices. We collect and use information you volunteer when you access or register for an AMNH program in order to better meet your service needs, to ensure a safe environment, for statistical and assessment purposes, to inform you about the Program in which you are registered, and to satisfy government and regulatory requirements. You may also hear from us periodically about other AMNH programs, services, and opportunities that may interest and benefit you. If you do not wish to receive such communications from the AMNH, please contact the education director, Debbora Losch at dlosch@nhahs.org.

_____ PARENT/GUARDIAN’S INITIAL

DISCLAIMER

All programs and busing are subject to change or cancellation due to low enrolment or other unforeseen circumstances that are prohibitive to the operation of the program or bus. _____ PARENT/GUARDIAN’S INITIAL

REGISTRATION AGREEMENT

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the, Assumption of Risk and Indemnifying Release Statement, Medical Emergencies Statement, Commitment to Privacy Statement and Disclaimer. PLEASE INITIAL

Date: _____

Camper name: _____

Name of parent or guardian: _____

Parent or guardian signature: _____

PARENT PERMISSION FORM FOR VIEWING OF PG OR PG-13 FILMS/VIDEOS

Dear Parents/Guardians,

As part of our commitment to providing a comprehensive and enriching experience for your child during the upcoming summer camp, we plan to incorporate multimedia resources, including educational videos and films. These materials are carefully selected to complement and reinforce the lessons covered throughout the camp.

Purpose: The videos and films aim to enhance the educational curriculum by providing visual and engaging content related to aviation, air traffic control, and other relevant subjects. The selected materials include YouTube videos featuring influencers like 74Gear, a 747 pilot, as well as films such as Disney's Hidden Figures, Red October, Paper Planes, and potentially other PG or PG-13 rated films/videos.

Opt-Out Option: In your welcome packet, which you will receive prior to the camp's start, a detailed list of the specific videos and films intended for your child's group will be provided. As parents or guardians, you have the full right to request that your child opts out of viewing any particular film or video. We respect and understand your preferences, and alternative activities will be made available for your child in a separate room during these sessions.

Acknowledgment: By signing this consent form, you acknowledge that the videos and films are not mandatory for your child to watch. Your child's participation in these sessions is entirely optional. Should you choose to opt-out, alternative activities will be provided.

Parent/Guardian Consent:

I, the undersigned, have read and understood the information provided regarding the inclusion of educational videos and films during the summer camp. I acknowledge that my child's participation in these sessions is optional, and I have the right to request that my child opts out of viewing specific videos or films.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Thank you for your cooperation and understanding.



Field Trip Parental Consent Form

Student Information:

- Child's Full Name: _____
- Camp Session: _____

Field Trips: The Aviation Museum of New Hampshire has planned enriching field trips as part of the 2024 Flights of Discovery Aviation Summer Camp. These trips are designed to enhance your child's experience and understanding of aviation. Field trip destinations specific to your camp session will be detailed in the welcome packet you will receive by mail prior to the camp's start.

Permission Slip: I, as the parent/legal guardian of the child named above, grant permission for my child to participate in the 2024 Flights of Discovery Aviation Summer Camp field trips.

Check the box below only if you do not wish for your child to participate in any field trips:

I do not want my child to participate in any field trips.

Waiver of Claims: In consideration of the benefits provided by the Aviation Museum of New Hampshire, I hereby waive any and all claims for damages against the Aviation Museum of New Hampshire. I also agree to indemnify and hold harmless the Aviation Museum of New Hampshire, its employees, and volunteers from any loss, claim, damage, or liabilities related to my child's participation in field trip activities, including transportation to and from field trips, my child's conduct during such activities, and any medical emergencies.

Medical Authorization: In the event of a medical emergency during field trip activities, I authorize the Aviation Museum of New Hampshire to administer reasonable and necessary first aid and to seek emergency medical treatment. I understand that the Aviation Museum of New Hampshire will contact me or a designated emergency contact as soon as possible.

Responsibility for Costs: I understand that the Aviation Museum of New Hampshire will not be responsible for any costs, expenses, claims, or liabilities related to emergency medical treatment. Prior to the field trips, I will inform the Aviation Museum of New Hampshire of any special medical issues my child might have.

Parent/Guardian Signature: _____

Date: _____

Thank you for your prompt attention to this consent form. If you have any questions, please feel free to contact us at [contact information]. We look forward to a fantastic aviation summer camp experience for your child!