



# Gilbert House Children's Museum

116 Marion St NE • Salem, OR 97301  
503-371-3631 • [acgilbert.org](http://acgilbert.org)

## Homeschool Hangout 2017

### Hangout Options

Keeping to the ideals and ways of A.C. Gilbert, the one for whom Gilbert House Children's Museum is named after, our Homeschool Hangout offer classes that provide children with the opportunity to be innovative and have stimulating educational experiences through engaging activities aligned with Next Generation Science Standards. All hangouts are appropriate for kids aged 5-12. Please check on Gilbert House Children's Museum online event calendar for specific class information and **plan to attend the full 2 hours and arrive prior to the start time.**

Homeschool Hangouts will take place on the following dates, and you can select from either session time. Sessions run from **10:00am-12:00pm** & **1:00pm-3:00pm**. The cost for each session is \$10/participant (member rate) and \$15/participant (non-member rate). The registration form needs to be completed prior to attending the first session, but only needs to be filled once per school year. *Please sign up and pay at least one week prior to each session.*

- **January 12 & 26, 2017 – Cars: Design and Engineer Gravity, Wind, and Electric Cars**
- **February 9 & 23, 2017 – Bridges: Build and Engineer Bridges Over Troubled Water**
- **March 16, 2017 – Rockets: Blast-off! Build and Fly Your Own Rockets**
- **April 13 & 27, 2017 – Erector Sets: A.C. Gilbert's Famed Creation**
- **May 11 & 25, 2017 – Trains: Tinker with American Flyer Trains**



# Register for Homeschool Hangout

One child per form, please. Additional forms are available at the front desk or at [www.acgilbert.org/homeschool-hangout/](http://www.acgilbert.org/homeschool-hangout/)  
 You can email your registration to [membership@acgilbert.org](mailto:membership@acgilbert.org), fax it to 503-316-3485, or bring it in to the front desk.  
 Please turn in your registration and payment at least one week prior to your hangout session. Make sure to sign all the statements on the final page of this registration. If you are a returning participant, there is no need to fill out another registration form. Returning participants can call the museum to register for additional sessions.

## Provide parent and participant information

Parent/Guardian name		Relationship to child
Are you a member? <input type="checkbox"/> yes <input type="checkbox"/> no		
Name of child		Date of Birth and Age of child
Names of siblings		Ages of siblings
Address		
Phone	Work phone	E-mail

How did you hear about Homeschool Hangout at Gilbert House Children’s Museum?

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Previous participant      | <input type="checkbox"/> Internet         | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Homeschool family network | <input type="checkbox"/> At Gilbert House |                                       |
|  | <input type="checkbox"/> E-newsletter     |                                       |

## Pick-up Authorization

List at least 3 emergency contacts /adults authorized for pick up other than parents listed on registration form. Only parents and individuals listed will be allowed to sign your child out of hangout.

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
The following individuals are NOT authorized to pick up my child from Homeschool Hangout:		

# Health History

## Medication Policy

Museum staff is not permitted to accept or administer non-lifesaving medication. Museum staff is trained to accept and administer epi-pens. If your child has a medical condition that requires attention, please call the Outreach Educator at 503.371.3631 or outreach@acgilbert.org.

## Permission to Carry

*By filling out the information below, Parents may authorize homeschool hangout participants to carry/administer their own medication in the case of those needed for potentially life-threatening situations (e.g.: Epi-pens for anaphylactic reactions or inhalers).*

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of administration: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**By signing below, the parent/legal guardian acknowledges that the child has been instructed in the purpose of and appropriate administration of this medication and all other pertinent information regarding the medication and has authorized him or her to self-administer as necessary.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Check if applicable:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Carries Inhaler       | <input type="checkbox"/> Restrictions on Physical Activity: |
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Behavioral Challenges |   |
| <input type="checkbox"/> Carries Epi-Pen | <input type="checkbox"/> Other: _____          | _____   |
| <input type="checkbox"/> Epilepsy        |  |   |

Family Doctor: \_\_\_\_\_ Doctor's Phone: (\_\_\_\_) \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

**Please list all allergies including dietary allergies and restrictions.**

**Please list any additional medical conditions.**

## Statement of Consent

In the event of an emergency or non-emergency situation requiring medical treatment, I, \_\_\_\_\_, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Homeschool Hangout Agreement

## Please initial each item to indicate agreement.

**Water, snacks, and lunch:** Please feed your child before arriving and plan to eat afterwards. No food or beverages will be allowed during homeschool hangouts. Sealed water bottles are the only exception.

**Parent/guardian initials:** \_\_\_\_\_

**Use of photographs:** By entering the Museum facility and / or participating in a Museum activity or event, I consent and authorize without restriction or compensation to the possible use of my, my child's, and my accompanying group's image appearing in photograph, audio, video or other formats which may be included in future media or marketing. If my child's image cannot be utilized due to safety/privacy concerns, it is my responsibility to notify the Outreach Educator prior to the start of class. **Parent/guardian initials:** \_\_\_\_\_

**Arrival/Pick Up:** Children should arrive no earlier than 10 minutes before the program begins as there is no supervision before that time. Please be prompt in picking up your child after the program. There will be a change of \$5 per 5 minutes for each student that remains more than 10 minutes after a program.

**Parent/guardian initials:** \_\_\_\_\_

**Hangout behavior:** I have discussed the policies of the hangout with my child and my child understands the consequence of unacceptable behavior could be dismissal from hangout and future hangouts. I have discussed in detail my expectations of my child and have stated that we are in agreement with camp policies.

**Parent/guardian initials:** \_\_\_\_\_

I have read, understood, and agree to Gilbert House Children's Museum policies regarding arrival and pick up, snacks and lunches, use of photographs, and behavior.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment and Cancellation Policy

Full payment is required at time of registration by check, credit card, or cash. **Parent/guardian initials:** \_\_\_\_\_

I understand that if I pay and need to withdraw that I will not get a refund, but the money can be credited and applied to a future Homeschool Hangout class. **Parent/guardian initials:** \_\_\_\_\_

I have read, understood, and agree to Gilbert House Children's Museum policies regarding payments, cancellations, and credits.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## WAIVER and ASSUMPTION OF RISK, LIABILITY AND INDEMNIFICATION AGREEMENT

**IMPORTANT: THIS IS A LEGAL DOCUMENT. PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.**

**This Agreement must be completed in order to participate in the activities associated with this program and course.**

Participant (print full name) \_\_\_\_\_

I, the undersigned, am the parent and/or legal guardian ("Parent/Guardian") of the minor Participant named above.

### TERMS AND CONDITIONS

I authorize the Participant to participate in the above program at Gilbert House Children's Museum (or GHCM) and/or at its partner organization locations. I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program that may expose the Participant to illness, injury, or death. Parent/Guardian of Participant freely and voluntarily allows participation in the program with the knowledge of the danger involved and hereby agrees to assume and accept any and all risk of injury or death.

### WAIVER, RELEASE, AND INDEMNIFICATION

Parent/Guardian of Participant understands and acknowledges that Gilbert House Children's Museum and its partner organizations are not an insurer of Participant's behavior, actions or participation in the program, and that GHCM and its partner organizations assume no liability whatsoever for personal injuries or property damages to Participant or to third persons arising out of participation in the program activities.

Parent/Guardian of Participant hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless GHCM and its partner organizations, and all of their officers, employees, board members, and agents (collectively the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or loss or damage to any property belonging to Participant arising out of or related to participation in the above named Program, and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.

Parent/Guardian of Participant agrees that the site of any lawsuit arising out of or related to participation in the Program shall be Oregon and that this Agreement will be governed by and construed in accordance with the laws of the state of Oregon, without application of any principles of choice of law.

By signing this agreement, you are verifying the following:

1. Participant does not have any medical conditions that would prevent participation in Program.
2. Participant has adequate health insurance to cover the costs of treatment in the event of any injury.
3. Participant shall pay any attorney fees or costs incurred by the Gilbert House Children's Museum in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

**PARENT/GUARDIAN OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PARTICIPANT OR PARENT/GUARDIAN OF PARTICIPANT AND THE RELEASEES AND SIGNS IT OF HIS OR HER OWN FREE WILL.**

Parent/Guardian Authorization: The person herein described has permission to engage in all Hangout activities except noted. I hereby give permission to GHCM and its partner organizations to seek emergency medical treatment on behalf of the Participant. I am signing this Agreement on behalf of a minor Participant. I acknowledge that I am the Parent/Guardian of the Participant and that I understand the terms of this Agreement. I also acknowledge that these terms shall bind my heirs and personal representatives and the heirs and personal representatives of Participant.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_