



Buffalo Museum of Science Camp-In Release Form

Name of Child(ren): _____

Birth Date(s): _____ Sex: _____ Age(s): _____

Parent/Guardian: _____

Day Phone #: _____ Evening Phone #: _____

Home Address: _____

Group Name: _____ Pack/Den/Troop # _____

Group Leader: _____ Phone #: _____

In case of emergency, please list a person, other than parents, who can be reached during overnight hours.

Name: _____ Phone #: _____ Relationship: _____

Please list any special conditions (allergies, special medications, diet restrictions, etc.) _____

I understand in the event of an emergency, the *Buffalo Museum of Science*, under its discretion, may call 911.

I, the undersigned, _____ am parent/legal guardian (circle one) of _____. I hereby release the *Buffalo Museum of Science* and its directors, management, and employees of all responsibility for damages, injuries, deaths, losses, delays or cancellations due to any reason whatsoever in conjunction with the Camp-In Program.

Signature of Parent/Legal Guardian

Date