

This document contains general information & policies relevant to Drop-in History Fridays 2020.

Locations: Sessions take place at the following locations:

June 12, June 19, August 7 at the John Wornall House – 6115 Wornall Rd., KCMO 64113

June 26, July 10, July 17, July 24, July 31 at the Alexander Majors House – 8201 State Line Rd., KCMO 64114

Please double-check your location, especially if your child is registered for multiple sessions.

Late Fees: If you are more than 10 minutes late picking up your child without prior arrangements, you will be invoiced a late fee at a rate of \$15 for every 5 minutes that you are late.

Your Child's Safety: The physical and emotional safety of each child is paramount. All staff members interacting with children receive training and complete a background check.

Wornall/Majors is an environment free of coercion or intimidation. We reserve the right to refuse enrollment or dismiss those who demonstrate disruptive/unsafe behavior without a refund.

For your child's safety, children will only be allowed to be picked up by authorized individuals.

You can designate these individuals in your registration form and can modify this information at any time as long as the designation is made in writing.

Water Access: Please send your child with a reusable water bottle. Water refills will be provided.

Dress: Children should dress for comfort and wear clothes that they can move in and that can get dirty. Closed toe shoes are strongly recommended – socks and tennis shoes are ideal.

Medication: Our staff cannot administer medication to your child. If your child will need to take medication during the hours of Drop-in History Fridays, please ensure that they know how to self-administer and inform staff.

Our General Policies

- **Refunds:** Enrollment fees, minus a \$10 cancellation fee, are fully refundable until one month before session start date. After that date and until one week prior to start date, 50% of admission fees will be refunded. No refunds are made for cancellations made less than one week prior to start date. Refunds are not given for no-shows, absences, or unresolved behavioral problems.
- **Transfers:** In case of absences due to circumstances beyond the child's control, we will work with you to transfer credit to another date in the 2020 session whenever possible.

The Wornall/Majors House Museums RELEASE, WAIVER, INDEMNIFICATION, AND ASSUMPTION OF RISK AGREEMENT

This release, waiver, indemnification, and assumption of risk agreement (hereafter "Agreement") dated as of the date set forth below, is by and between undersigned (hereafter "Parent") and the Wornall/Majors House Museums (hereafter "the Museums").

1. Parent is the parent or legal guardian (hereafter "Parent") of enrollee (hereafter "Student") who intends to enroll or is enrolled as a student of the Museums.
2. Parent understands that Student will engage in educational and extracurricular activities will enrolled at the Museums, including vigorous physical outdoor and indoor activities and events. Parent further understands that there are hazards involved in Student's participation in such activities, including but not limited to serious injury. Parent also understands that Student will be handling and using tools such as scissors, hammers, awls and other items that could potentially cause bodily injury.
3. Parent desires to permit Student to engage in all activities provided or scheduled by the Museums with full knowledge of the inherent risks and dangers and the physical injuries that could result, and hereby agrees to assume the risk of any injury.
4. The Museums accept no responsibility for damage or loss of personal property of Student or Parent which may occur in connection with Student's enrollment at the Museums.
5. The Museums may take photos or videos of Student for use in training and promotion, including but not limited to school flyers, newspaper advertisements, television, and website use.
6. The Museums will not permit any student to participate in its classes or activities prior to the execution of this Agreement by Student's Parent.

In consideration of Student's enrollment at the Museums and Student's ability to participate in classes and activities of the Museums, Parent represents and agrees as follows:

1. Student has been examined by his/her physician not less than six (6) months prior to becoming a student and, except as disclosed in writing to the Museums, Student has no health problems or conditions of any kind that limit his/her activities or diet, in any way.
2. Parent hereby releases, waives, discharges, and relinquishes any and all claims or causes of action of any kind on behalf of Student and Student's parents that could arise in connection with Student's enrollment at the Museums.
3. Parent for him/herself and on behalf of Student and all of Student's parents, and all of their respective heirs, agents, personal representatives and assigns, agrees that in the event any claim for personal injury, or property damage or loss arising from Student's enrollment at the Museums shall be prosecuted against the Museums,

4. Parent shall indemnify and hold harmless the Museums from any and all such claims or causes of action by whomever and wherever made or presented.
5. As used herein, "the Museums" shall include the corporate entity, and all of its present and past officers, directors, employees, agents and assigns.
6. As used herein, "enrollment" at the Museums shall include participation in any and all activities conducted, offered or sponsored by the Museums, including on-site and off-site classes, programs and activities.

IT IS THE INTENTION OF PARENT BY SIGNING THIS AGREEMENT TO EXEMPT AND RELIEVE THE MUSEUMS FROM ANY LIABILITY FOR PERSONAL INJURY, THEFT, OR PROPERTY DAMAGE.

Drop-in History Fridays Statement of Understanding/Policy Review

Please initial:

_____ I have read and agree to Drop-in History Fridays General Information and Policies.

_____ I have read and agree to the Release, Waiver, Indemnification and Assumption of Risk Agreement.

_____ I authorize all medical and surgical treatment, x-ray, laboratory and other hospital/medical procedures as may be performed by the attending physician and/or paramedics for my child and waive my right to informed consent or treatment. *This waiver applies only in the event that parent/guardian(s) and emergency contact(s) cannot be reached in case of an emergency.*

Signature: _____ Date: _____

Printed Name: _____

Child's Name: _____