

By signing below, I agree to indemnify, defend, save and hold harmless the New York State Office of Parks, Recreation and Historic Preservation, and the State of New York, their officers, agents and employees, and the Friends of John Jay Homestead from any and all claims, suits, losses, or injury to any person, of whatever kind and nature, whether direct or indirect, arising from our of the operation of this agreement.

In the case of medical emergency, I understand that every effort will be made to contact parents or guardians. In the event that I cannot be reached, I hereby give permission to the History Adventure Days staff and volunteers to call emergency medical personnel to administer aid and transport my child to a hospital or health care facility where he/she would receive further medical attention. I am aware that I am giving permission for the emergency personnel and physicians to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child.

I agree to deliver my child to the instructor at 9:00am, and to pick up my child at 3:30pm.

I understand that unsupervised children will not be allowed on the camp property prior to 9:00am. There is no early drop off.

I understand that all children are expected to be picked up at 3:30. Children not picked up by 3:40 will be taken to the museum office. A late fee of \$10.00 per child will be charged for every 15 minutes after 3:40 that a child is not picked up.

I further agree that, with this signature, I give permission for my child _____ to attend John Jay Homestead's History Adventure Days on the dates selected.

Parent/Guardian Signature: _____ Date: _____

