

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 out 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. I understand that the bus will depart promptly at 9:15am each day and that the bus cannot wait for any late arrivals.

I understand that pick up will take place between 4-5pm daily. Camp staff will give advanced notice of pick up times for each day. I understand that all children are expected to be picked up on time. Children not picked up by 10 minutes after the designated pick up time will be taken to the museum office. A late fee of \$10.00 per child will be charged for every 15 minutes after that a child is not picked up.

I acknowledge that by its very nature this camp will be leaving the Homestead property, and that my child will be transported by a licensed and insured bus company. I further agree that, with this signature, I give permission for my child \_\_\_\_\_ to attend John Jay Homestead's History Travel Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

