

Child's Full Name

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Child's Age and Grade in School

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Parent/ Guardian's Name(s) & Phone Number(s)

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Please list any medical issues (including allergies, behavioral issues, etc.) that we should be aware of

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List anyone (other than parents/guardians) authorized to pick the child up

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Emergency Contact Name and Phone Number

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Please sign and date below

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**SEE OTHER SIDE**

**Permission to Participate**

I release, discharge and hold harmless Robert W. Monk Gardens, Inc. ("Monk Botanical Gardens ") and its directors, employees, and agents from any and all liability, claims, and damages of whatever kind or nature which may arise from the event I or my children participate in at Monk Botanical Gardens. I understand and acknowledge that this release discharges Monk Botanical Gardens from any liability, claim, or damages that I may have against Monk Botanical Gardens with respect to any injury, illness, death, or property damage that may result from my child's participation in the event at Monk Botanical Gardens or occurring while I am providing volunteer services.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COVID Agreement**

While at Monk Botanical Gardens all adults and children in my family will adhere to the posted rules and guidelines. I understand and acknowledge that Monk Botanical Gardens has adopted health and safety rules and guidelines for visitors to its premises to follow relating to COVID-19. I acknowledge and understand these rules and guidelines and I agree to abide by them. The release of liability, claims, and damages set forth in the previous paragraph also applies to any liability, claims, or damages I may have relating in any way to COVID-19.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release**

I agree that Monk Botanical Gardens may use photographs of me or my minor children on their website, in newsletters, promotions, or other media for the sole purpose of promoting the Gardens. I waive any right to inspect or approve finished products, promotional materials, or printed or electronic materials used in connection with the photographs or the use to which they are applied. I also waive any right to approve any narrative material that might be used in connection with the photographs.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_