

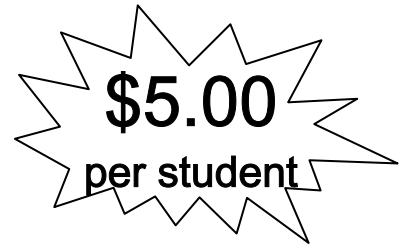


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located next to Dillard's

The Laredo Children's Museum, DBA Imaginarium of South Texas,
is a 501c3 non-profit organization registered with
the Office of the Secretary of the State of Texas.



Educational Field Trip

One form per school

SCHOOL _____

SCHOOL TRIP DATE SELECTED: _____

TIME: 9:00 - 11:00 am 12:00 - 2:00 pm

Mailing address: _____

SCHOOL REPRESENTATIVE _____

Phone Number: _____

email address: _____

CLASSROOM GROUPS: _____

Total # of children: _____

GROUP 1

Teacher: _____ Phone # _____
Grade Level: _____ #of children _____ Date: _____

GROUP 2

Teacher: _____ Phone # _____
Grade Level: _____ #of children _____ Date: _____

NOTES:

Membership Benefits are not applicable to school trips.

COST: \$5 per child

- Teachers and Chaperones enter free of charge with their class. Adults are in charge of child supervision, interactive education time, and informative tour of current exhibit.
- A hands-on informal learning, TEKS based activity is offered for classes as part of the field trip.
We reserve the right to determine which activity is appropriate for your grade level. (Activities may vary according to group size, time allocated, and staff availability)
- A contract must be signed within 5 days of scheduled date. We can only guarantee reservations after a contract has been signed and turned in.
- For any modifications or cancellations contact us within 5 days after reserving a date.

Authorization for Emergency Medical Attention

My name is _____ This authorization applies to a child or children under eighteen years of age under my care during this field trip. I have authority to consent to medical treatment of the children under my care because I am the teacher of the class or other authorized school representative. In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the manager on duty to notify emergency healthcare providers and/or agents for the purpose of providing emergency care and medical treatment. I give consent for all necessary emergency medical care and treatment when a child or children is/are under the care of a physician on duty at the hospital or healthcare facility where the emergency medical care and treatment are being administered. *School Representative Initials*_____

Aggressive or Offensive Behavior:

Any aggressive or offensive behavior on the part of a child will be reported to his/her teacher/chaperone and may result in the child's removal from the Museum premises. Please understand all children are required to be respectful to all staff, children and guests. *School Representative Initials*_____

Release of Liability, and indemnity agreement:

I understand that all reasonable precautions will be taken to provide a safe environment for the children participating in a Field Trip to the Imaginarium of South Texas, and I attest that I am a teacher or other school representative of the minor child or children under my care with authority to sign this release, and in consideration thereof, for myself and for the minor child or children under my care, and on behalf of the minor child's or children's heirs, executors, legal representatives, administrators, successors, and assigns, I hereby release, acquit and forever discharge the Imaginarium of South Texas, Inc. and its Board Members, Officers, Employees, Agents, Legal Representatives and volunteers (collectively referred to as "Released parties") from any and all claims, demands, debts, liabilities, liens, medical expenses, including claims for loss off consortium, damage to family relations, loss of companionship, society, and affection, physical impalement, disfigurement, loss wages, lost earning capacity, pain and suffering, mental anguish, attorneys fees, or any causes of action, of whatever nature, whether heretofore known, or not know, past, present or future, contingent or fixed, liquidated or unliquidated, father in or arising out of the law of contracts, torts or property rights, for or because or anything done or omitted by the released parties including but not limited to, nay claims based on released parties' sole negligence, partial negligence, gross negligence, strict liability, statutory liability, breach of contract, or breach of warranty.

I further agree to defend, indemnify and hold harmless released parties from all claims, demands, or causes of action of whatever nature alleged of which should have been alleged against released parties, including all costs, expenses, and legal fees incurred, or arising out of any claims brought against released parties by reason of actions and/or omissions taken by released parties which involve the minor child or children under my care of this form while the child or children is/are attending a field trip to the Imaginarium of South Texas.

Though the staff of the Imaginarium of South Texas makes every effort to ensure a safe play environment for every child, we cannot be held liable for any injury that occurs in our facility.

Signature of School Representative

Date

Name (print) and Title