

The Glebe House Museum & Gertrude Jekyll Garden
“Summer Experience”
Authorization

I give permission for my child _____, to be a participant at the Glebe House Museum & The Gertrude Jekyll Garden, Summer Experience at 49 Hollow Road, Woodbury, Connecticut.

I will provide my child/children with our family health insurance plan, and understand that the Seabury Society for the Preservation of the Glebe House, Inc., is not responsible for insuring my child/children for benefits under a health insurance plan.

I give permission and consent for my child/children to participate in all classes, activities and programs during the week and release the museum of any liability for damage, accident, injury or loss to my child/children for any cause whatsoever.

I give permission for my child/children to accompany the participants of the program on field trips off site.

I hereby authorize and give full consent to the Glebe House Museum to copyright and publish all photographs, film, video footage or audio material produced or authorized by the Glebe House in which my child/children or I appear to be used in promotional displays, exhibitions, videos, brochures, museum website and newsletters and other publications, commercial art, advertising purposes, etc. without any limitations or reservations or any compensation to me.

Parent/Guardian signature: _____ **Date:** _____

Day Phone: _____ Cell: _____

Evening Phone: _____

Email address: _____

Please list other adults who may pick up your child. We will NOT release your child to anyone not on this list: Name: _____ Phone: _____

Name: _____ Phone: _____

Any special needs, allergies, food restrictions, and medical concerns we should know about your child: _____

In case of emergency contact: 1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Doctor: _____ Phone: _____

Please return form to: The Glebe House Museum & Gertrude Jekyll Garden
PO Box 245, Woodbury, CT 06798

Call with questions: 203-263-2855