The Glebe House Museum & Gertrude Jekyll Garden
“Marshall Children After-School Program”
Authorization

I give permission for my child ______________________________, to be a participant at the Glebe House Museum & The Gertrude Jekyll Garden, Marshall Children After-School Program 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 fall/spring session 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 to local historic properties that are within walking distance of the Museum.

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