

CAMPER REGISTRATION FORM

Completed Registration Forms can be faxed to 713-639-4681, emailed as an attachment to: explorations@hmns.org, or mailed or dropped off to: Explorations, HMNS, 5555 Hermann Park Drive, Houston, TX 77030. Member pricing is reserved for the children or grandchildren of current HMNS members only. If you register on-line you do not need to submit this form.

1. CAMPER INFORMATION PLEASE PRINT NEATLY

Camper's Name _____ Date of Birth _____ M/F _____
 Contact Parent/Guardian _____ Email _____
 Address _____ By providing an email address, the guardian grants consent to be contacted via email by HMNS; the guardian may opt out of the Museum's email list by visiting <http://mailsystem.hmns.org> at any time.
 City _____ State _____ Zip Code _____
 Day Phone _____ Cell Phone _____ Evening Phone _____
 HMNS Membership ID # _____ Membership Level _____
 Other Parent/Emergency Contact _____ Relationship to Camper _____
 Day Phone _____ Cell Phone _____ Evening Phone _____

2. PROGRAM INFORMATION

Week	Camp Choice	Camp Title and Location	Camp Age	Camp Fee	Before/After Camp	Fee Total
June 5 - 9	1st Choice				<input type="checkbox"/> Before \$50	
	Alternate				<input type="checkbox"/> After \$60	
June 12 - 16	1st Choice				<input type="checkbox"/> Before \$50	
	Alternate				<input type="checkbox"/> After \$60	
June 19 - 23	1st Choice				<input type="checkbox"/> Before \$50	
	Alternate				<input type="checkbox"/> After \$60	
June 26 - 30	1st Choice				<input type="checkbox"/> Before \$50	
	Alternate				<input type="checkbox"/> After \$60	
July 5 - 7	1st Choice				<input type="checkbox"/> Before \$30	
	Alternate				<input type="checkbox"/> After \$36	
July 10 - 14	1st Choice				<input type="checkbox"/> Before \$50	
	Alternate				<input type="checkbox"/> After \$60	
July 17 - 21	1st Choice				<input type="checkbox"/> Before \$50	
	Alternate				<input type="checkbox"/> After \$60	
July 24 - 28	1st Choice				<input type="checkbox"/> Before \$50	
	Alternate				<input type="checkbox"/> After \$60	
July 31 - August 4	1st Choice				<input type="checkbox"/> Before \$50	
	Alternate				<input type="checkbox"/> After \$60	
August 7 - 11	1st Choice				<input type="checkbox"/> Before \$50	
	Alternate				<input type="checkbox"/> After \$60	
August 14 - 18	1st Choice				<input type="checkbox"/> Before \$50	
	Alternate				<input type="checkbox"/> After \$60	

3. RELEASE AND CONSENT

The Houston Museum of Natural Science ("HMNS") is offering the course(s) as shown above (the "Course"). Although HMNS hopes that no student is ever injured or hurt, injuries are a possibility of participation in the Course. The risk of injuries is a risk that the students and their legal guardians voluntarily agree to assume in exchange for the privilege of registering for and participating in the Course. The students and their guardians understand and agree that this risk is not a risk that HMNS assumes and that HMNS is not responsible for any injuries to the students. Accordingly, _____ (the "guardian"), the legal guardian of _____ (the "student") voluntarily releases, discharges, and waives the right to sue HMNS and its directors, officers, employees, volunteers, agents and all persons acting by, through, under, or in concert with HMNS (collectively, the "Released Parties") for any and all losses, demands, claims, suits, causes of action, liability, costs, expenses, and judgments whether arising in equity, at common law, or by statute, under the law of contracts, torts, or property, for personal injury (including without limitation emotional distress), arising in favor of the guardian, the student, or anyone claiming through us based upon, in connection with, relating to or arising out of, directly or indirectly, the student's participation in the Course (collectively, "Claims") EVEN IF ANY SUCH CLAIMS ARE DUE TO THE RELEASED PARTIES' OWN NEGLIGENCE, STRICT LIABILITY WITHOUT REGARD TO FAULT, VIOLATION OF STATUTE, OR OTHER FAULT, INCLUDING ANY NEGLIGENT ACT, OMISSION, OR INTENTIONAL ACT INTENDED TO PROMOTE MY CHILD'S SAFETY OR WELL-BEING. The guardian and student hereby give their permission to the Released Parties to obtain emergency medical treatment for the student if any Released Party deems in its discretion that such emergency medical treatment is necessary. The student and the guardian acknowledge and agree that any photos, videos, pictorial images, voice recordings, or quotations including those of student taken or created by any Released Party (including without limitation any taken by any photographer or videographer paid by or volunteering for any Released Party) during or relating to the Course are the sole property of HMNS and may be used in future publications, web pages, promotions, advertisements and exhibits of HMNS (or any other person authorized to use such images by HMNS) without the need of any additional permission from or consideration to the student or guardian. I release and waive for myself, the student, and anyone claiming through us all claims based on the right of privacy, right of publicity, moral rights, or any other intellectual property rights related to the rights granted by me to HMNS.

Parent/Guardian (Printed Name) _____ Date _____ Signature _____

4. PAYMENT INFORMATION

- I need to join or renew as a Member. I am enrolling as a:
 \$115 Family \$150 Family Plus \$195 Family Flex \$275 Discoverer \$550 Benefactor

Class Fee	\$ _____
Membership Fee	\$ _____
TOTAL FEES	\$ _____
PAYMENT IS DUE IN FULL AT TIME OF REGISTRATION	

Card # _____ CVV2# _____ Exp Date _____

Visa MasterCard Discover American Express _____

Name on card _____ Signature _____

Credit Card Billing Address _____

Credit cards ONLY. We are unable to accept checks, cash or debit cards. Call 713-639-4625 for assistance.