



**ARCHAEOLOGY EXPLORATION PROGRAM**  
Parental Consent Form

**Child's Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Family Physician:**

\_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

**Does your child have any medical conditions or allergies that we should be aware of?** \_\_\_ NO \_\_\_ YES

If "YES" please describe:

\_\_\_\_\_

Date of your child's last tetanus shot? \_\_\_\_\_ List medications child is on: \_\_\_\_\_

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- **I give permission for my child to participate in the Archaeology Exploration Program of the Heritage Museum of Newaygo County from August 4<sup>th</sup>-7<sup>th</sup>, 2026. I also give permission for my child to be transported between sites by the adults involved in the program. I understand that my child will be digging in the soil and that I may provide gloves and safety glasses if I wish.**
  - **In the event of a medical emergency, I give my consent for emergency medical treatment to be provided for my child, and I have attached a copy of his/her insurance card to this application.**
  - **I will see that my child is present at the times and locations specified on the program schedule.**
  - **I am including the \$85 fee for this program.** Scholarships available upon request.
  - **I have read and signed the waiver/release on the back side of this form.**

**Parent/guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BOTH SIDES OF THIS FORM**

## Parental Waiver/Release

1. I understand that the Archaeology Program could include activities that *may* be hazardous and release the Heritage Museum of Newaygo County (HMNC), from all liability for injury, illness, death, or property damage occurring from my child's participation in the Archaeology Program.
2. I agree to hold harmless the HMNC and its employees, volunteers, and/or representatives for all damages, claims, losses, or other liability due to personal injury or death, or damage to property involving my minor child.
3. I understand that the HMNC does not have the responsibility for providing any health, medical, or disability insurance coverage for my child.
4. I release and discharge the HMNC from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to my child.
5. I grant to HMNC the right to use photographic images and video or audio recordings of my child that are made by HMNC or by others during his/her participation in the Archaeology Program, including, royalties, proceeds, or other benefits from use of the photographs or recordings.
6. I agree that this release is intended to be as broad and inclusive as permitted by the laws of Michigan, and that this release is governed by and will be interpreted according to the laws of Michigan. I understand that should any part of this release be ruled invalid by a court, the other parts will remain valid and continue to be in effect.
7. Photo/Media Release: I grant permission for photographs, video recordings, and other media featuring the participant to be used by the museum for promotional, marketing, educational, and social media purposes. I understand that these materials may be published in print, online, and on social media platforms.

Print Child's Name: \_\_\_\_\_

Print Parent's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Mail, Email or deliver this **completed, signed form**, a copy of the **insurance card**, and the **\$85 enrollment fee** (or request for financial scholarship) to:

**Cynthia Hulst, Education Coordinator**  
**Heritage Museum of Newaygo County**  
**12 Quarterline Road, PO Box 361**  
**Newaygo, MI 49337**  
**231-652-5003**  
**chulst@newaygocountyhistory.org**