



THE
CHILDREN'S MUSEUM
AT LA HABRA

301 South Euclid St., La Habra CA 90631 (562) 383-4236 Fax (562) 383-4485 www.lhcm.org

TOURS: WAIVER OF LIABILITY

School/Organization: _____

Date of Tour: _____

Children's Museum at La Habra Waiver of Liability I voluntarily agree to assume all of the foregoing risk and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with our attendance at The Children's Museum at La Habra or participation in event programming ("Claims"). On my behalf, and on behalf of my children. I hereby release, covenant not to sue, discharge, and hold harmless the City of La Habra, Community Services Department, its officers, agents, volunteers, and employees from and against any and all claims, costs, liabilities, expenses or judgements, including attorney fees and court costs arising from my (or my child's) participation at The Children's Museum at La Habra. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of our City of La Habra, Community Services Department, its officers, agents, volunteers, and employees from and against any and all claims, costs, liabilities, expenses or judgements, including attorney fees and court costs arising from my (or my child's) participation at The Children's Museum at La Habra.

In case of emergency, I give my permission for emergency medical treatment for myself or the minor and agree to pay any cost incurred as a result of such treatment. I also give my permission for any photographs taken of myself or any member of my family to be used for advertising purposes for the Community Services Department. My signature acknowledges that I understand and agree to the above conditions.

Guest Name: _____

Parent/Guardian Name (If under 18 years of age): _____

Signature: _____