



Conococheague Institute

Colonial Children's Day Participant Waiver and Release Form

Participant Name(s): _____

Participant Age(s): _____

Contact Email (required): _____

Parent or Legal Guardian Name: _____

Address:

Phone:

Payment Type (Paypal, Check, Mail, or on the Day): _____

Membership 2021 AA Login if paying discounted Members Rate: _____

How did you hear about the program? _____

During the course of the program a historic meal will be served gratis for immersion: A soldier's stew, bread and cheese. An alternative of a cold collation (store bought sliced bread, cold meats, salad, cheese etc) will be provided for those with sensitive stomachs. If you would like to prepare your child's own lunch instead, please write N/A below

List any dietary restrictions of Participant: _____

Guardian Signature affirming acceptance of food for participant: _____

Please list any other health requirements to be aware of:

Do you consent to photography of participants during the program? This may be used in future advertising for similar programs: Yes / No

Our staff and educators have all passed background checks, but are primarily there to educate and entertain. We ask for 1 guardian per booking to remain present on site throughout the program in case of bathroom emergencies etc.

With 30 acres you can relax, read a book, or attend the program too!