



# MOORE FARMS

botanical garden

## Culinary Camp 2019 Registration Form

*Please use one form for each camper registering.*

### Camper Information:

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

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

### Camp Description

Culinary Camp 2019, July 8-12, Ages 12-15, 9:00 am to 3:00 pm, \$75 per child

### Emergency Contact:

Name of Parent(s)/Guardian: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Daytime Phone for Parent(s)/Guardian:

#### Primary Contact

Name: \_\_\_\_\_

Preferred Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

#### Secondary Contact

Name: \_\_\_\_\_

Preferred Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

### Additional Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Camper \_\_\_\_\_



# MOORE FARMS

botanical garden

## Drop-off/Pick-up Information:

Child must checkout with Kelli Meeker or camp educator before leaving. Please list all adults who are allowed to drop-off or pick-up this camper. **PHOTO ID WILL BE REQUIRED**

Drop-off: 8:30 am to 9:00 am

Pick-up: 3:00 pm to 3:30 pm

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Are there any custody issues we need to be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail: \_\_\_\_\_

## Cancellation and Refund Policy

Registration fees are 100% refundable when Moore Farms Botanical Garden (MFBG) cancels an activity. Participants wishing to withdraw from a camp that has not been cancelled by MFBG must provide a written request by June 21, 2019. If the withdrawal request is received by June 28, 2019, a 50% refund will be provided. No fees will be refunded if registration is cancelled after June 28, 2019.

I give consent for my child to participate in activities of Culinary Camp 2019.

Signature of Parent/Guardian required.

X \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Email Registration Forms to:**  
Kelli Meeker  
kmeeker@moorefarmsbg.org

Questions? Contact Kelli Meeker, MFBG Youth and Outreach Coordinator at [kmeeker@moorefarmsbg.org](mailto:kmeeker@moorefarmsbg.org) or by phone at (843) 210-7589.



**Culinary Camp 2019**  
Camper Personal Health and Medical History

**IDENTIFICATION:**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Primary phone number \_\_\_\_\_ Secondary phone number \_\_\_\_\_

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

**ALLERGIES:**

Food, medicines, insects or plants. Yes \_\_\_ No \_\_\_

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION**

ADHD (Attention Deficit Hyperactivity Disorder) \_\_\_ Yes \_\_\_ No

Asthma \_\_\_ Yes \_\_\_ No

Cancer/leukemia \_\_\_ Yes \_\_\_ No

Convulsions/seizures \_\_\_ Yes \_\_\_ No

Heart trouble \_\_\_ Yes \_\_\_ No

High blood pressure \_\_\_ Yes \_\_\_ No

Kidney disease \_\_\_ Yes \_\_\_ No

Diabetes/hypoglycemia \_\_\_ Yes \_\_\_ No

Any special needs or physical issues (including learning or physical or emotional disabilities) \_\_\_ Yes \_\_\_ No

Please Explain (use additional sheet of paper if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any medications to be taken at camp, including drug, dosage, route (oral, injection, etc.), and frequency:

\_\_\_\_\_



**MOORE FARMS**  
botanical garden

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

\_\_\_\_\_

Please state any other information you would like us to know (use separate sheet if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give permission for full participation Culinary Camp program, subject to limitations noted herein.

I hereby give my permission, consent, and authorization for any medical treatment deemed necessary by a hospital or physician while participating Culinary Camp 2019. I agree to assume responsibility for the costs of transportation, including any specialized evacuation and of any medical care. I appoint the adult leader in charge my lawful agent with power to authorize and consent to the administration of medical treatment during the aforementioned event.

Health Carrier: \_\_\_\_\_ Policy No. \_\_\_\_\_

Signature of parent/guardian or adult \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_



**MOORE FARMS**  
botanical garden

## **Moore Farms Botanical Garden**

### **Release and Waiver of Liability**

(Culinary Camp Participation of Minor Child)

**PLEASE READ CAREFULLY!  
THIS IS A LEGAL DOCUMENT  
THAT AFFECTS YOUR LEGAL  
RIGHTS!**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, give permission for my child ("Child" or "Participant") to participate in the Culinary Camp 2019 ("Activities") and give this Release and Waiver of Liability (the "Release") in favor of Moore Farms Botanical Garden Foundation and Moore Farms Botanical Garden, LLC, and their respective trustees, officers, employees, volunteers, contractors, and agents (collectively, "Sponsor"). I agree that this Release shall apply to each time my Child has or will be participating in the Activities, regardless of the date that this Release is signed below. I understand that the Activities will take place at Moore Farms Botanical Garden in Lake City, South Carolina.

In consideration of participation, I hereby freely, voluntarily, and without duress execute this Release under the following terms:

**1. Waiver and Release.** I hereby release and forever discharge and hold harmless Sponsor and their respective successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or equity, which arise or may hereafter arise from participation in Activities. I understand and acknowledge that this Release discharges Sponsor from any liability or claim that I or my Child may have against Sponsor with respect to any bodily injury, personal injury, illness, death, or property damage that may result from participating in Activities with Sponsor, whether caused by the negligence of Sponsor or others. I also understand that, except as delineated, Sponsor does not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage. I also intend this Release and Waiver to be binding on my heirs.

**2. Insurance.** I understand that Sponsor does not carry or maintain health, medical, or disability insurance coverage for any Participant. Each Participant is expected and encouraged to arrive with medical or health insurance and coverage in effect.

**3. Medical Treatment.** I hereby release and forever discharge Sponsor from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during Participant's time with Sponsor.

**4. ASSUMPTION OF RISK.** I understand that the Activities include undertakings that may be hazardous to



# MOORE FARMS

botanical garden

my Child, including, but not limited to, walking, standing for extended periods of time in confined spaces, fishing, running, crafts, consuming food, nature hikes, outdoor games, activities associated with nature and outdoors and other participation-related Activities. I recognize that my Child's participation, in some situations, involves inherently dangerous activities. I hereby acknowledge that I have been fully informed of the risks and dangers inherent in the Activities, and expressly and specifically assume the risk of injury, illness, death, or property damage resulting from the Activities.

**5. Photographic Release.** I hereby grant and convey unto Sponsor all right, title, and interest in any and all photographic images and video or audio recordings made by Sponsor during Participant's Activities, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**6. Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of South Carolina, and that this Release shall be governed by and interpreted in accordance with the laws of the State of South Carolina. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

TO EXPRESS YOUR UNDERSTANDING OF THIS RELEASE, SIGN HERE:

Signature of Parent(s)/Guardian(s): \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: Signed: \_\_\_\_\_ Address: \_\_\_\_\_

Child/Participant: (Print Name) \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_