



# ADVENTURES IN NATURE

## SUMMER DAY CAMP



## Camper Information, Policies, and Waiver

We look forward to your participation in Adventures in Nature Camp! Please review the information below with your child regarding guidelines for behavior in camp. We ask that you both complete the form and return on the first day of camp.

### Mission Statement and Conduct Policy

*Please review this page with your camper and bring it on the first day of class.*

Our mission is to provide your camper with the opportunity to explore fascinating topics through active encounters that spark a child’s natural curiosity. We believe having an enjoyable learning experience ranks just as highly as the information that is learned.

To ensure that everyone participating in our program has a fun and safe experience, we expect all participants to be respectful of the rights of others and have set the following conduct policy.

1. Our instructors and staff will go over the Adventures In Nature rules at the beginning of class. They are: **Be Smart** (think before you act), **Be Safe** (be careful with your body) and **Be Nice** (be respectful of staff and other campers).
2. If our staff observes a participant engaging in inappropriate behavior, we will coach the child about the situation. Examples of inappropriate behavior include, but are not limited to, harassment or name-calling, disrupting the class, being disrespectful, etc. The instructor or the program manager will inform the caregiver about the situation.
3. If the behavior continues, the participant will be excused from the program. If the participant is excused from the program before the program has ended, there will be no refund.

This policy is designed to provide a positive and productive learning environment for all participants. We thank you for your assistance in ensuring everyone at Adventures in Nature Camp has an outstanding experience.

I have read (or been read to) and understand the above policy.

\_\_\_\_\_  
Child’s Name (Print)

\_\_\_\_\_  
Child’s Signature (Ages 5 and up)      Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature      Date



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## WAIVER AND RELEASE INFORMATION

Please complete the waiver below and turn in on the first day of camp. All families must fill out the following information, as well as read and agree to the following policies in order to participate in the Adventures in Nature day camp.

**WAIVER:** I have read and fully agree with all the registration policies stated here. On behalf of myself and my camper, I waive all claims based upon negligence against the Los Angeles County Museum of Natural History Foundation, the County of Los Angeles, and their employees or volunteer workers for injury, accident, illness, or death occurring and/or by reason of my child's participation. Participation may include and is not limited to, activities that may be held outside of the museum but within Exposition Park. All Adventures In Nature in-person sessions are supervised by Natural History Museum staff, including class time and the lunch periods. In the case of any medical emergencies during the camp session, the Adventures in Nature Staff will do their best to notify the emergency contact immediately. In case of emergency, I authorize any licensed physician, nurse or hospital to render such medical aid as may be deemed necessary and/or desirable to the child(ren) named above.

**PHOTOGRAPHIC RELEASE:** I understand that photographs, sound recordings, or videos of program participants may be taken by the Museum. I agree that the Museum has the right to reproduce my child's likeness and voice for any Museum purpose. The Natural History Museum may use pictures of my child(ren) in its promotional material.

**COVID-19: *Protocols outlined below are subject to change in response to updates to state and local laws.*** The Natural History Museums of LA County want your camper to have a safe and enjoyable visit. Per Los Angeles County Public Health Department, campers and adults must protect themselves and others from COVID-19 therefore please note the following rules before your visit:

- If your camper feels sick or is experiencing symptoms such as cough, shortness of breath, fever, muscle aches, nausea or vomiting, diarrhea, loss of taste or smell, or any flu-like symptoms prior to visiting, please have them stay home.
- In accordance with the County Of Los Angeles Department of Public Health's Reopening Protocol for Day Camps, all adults and children 2 years and older are required to wear a face covering during check-in/out and while indoors. All face coverings (whether disposable or reusable) must fully cover the nose and mouth and fit snugly but comfortably against the side of the face.
- Campers will maintain a physical distance of at least 6 feet between themselves and other Museum staff and guests not in their class or party.
- Campers will be reminded to wash their hands often, for at least 20 seconds, and not touch their eyes, nose or mouth.

In the event we are notified of a positive COVID-19 case or exposure, the following measures will be taken:

- Upon being informed that a camper tests positive for COVID-19, staff are required to instruct the infected person to isolate themselves at home and instruct all persons exposed to the infected person to quarantine. Exposures will be reviewed to assess which persons need quarantine including the possibility



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of quarantining all individuals in the same stable group as an infected person if exposures cannot be ruled out for the entire group.

- If on-site, the campers exhibiting symptoms will be isolated until they can be transported home or to a healthcare facility, as soon as practicable. The parent/guardian will be contacted as soon as possible and a full refund will be issued to the Camper.
- All camp families and staff will be notified of COVID-19 exposure as soon as possible.
- Staff will notify the Department of Public Health of campers with confirmed COVID-19 cases.
- The Museum will close off areas used by any sick person and not use them before the recommended 24 hour wait time, cleaning and disinfection of the area is completed.

Day camps are required to notify the Department of Public Health of all individuals with confirmed cases of COVID-19 who were on site at any point within the 14 days prior to the illness onset date. The illness onset date is the first date of COVID-19 symptoms or the COVID-19 test date, whichever is earlier. By signing this waiver you agree to inform the Museum if your Camper had a confirmed case of COVID-19 occurring within 14 days after the last day of camp.

By attending Adventures in Nature camp, you agree to hold harmless the Los Angeles County Museum of Natural History Foundation, its staff, Board of Trustees, and the County of Los Angeles from any resulting injuries, illnesses, or other inherent risks to you and your family, including the potential exposure to COVID-19. If your child, or anyone in your household, is experiencing COVID-19 symptoms such as a sore throat, cough, shortness of breath, fever, or recent loss of taste or smell, or has been exposed to COVID-19, they may not attend camp and a full refund will be issued.

**ACKNOWLEDGEMENT:** I have read this waiver and fully understand its terms and conditions. I agree that I am delivering my assent to the terms and conditions of my child’s participation in Adventures in Nature camp and the representations, waivers, and releases made herein. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## CAMPER INFORMATION AND EMERGENCY CONTACTS

Camper First Name : \_\_\_\_\_ Camper Last Name: \_\_\_\_\_

Camper Birth Date (M/D/YR): \_\_\_/\_\_\_/\_\_\_ Camper Gender Identity: \_\_\_\_\_

Parent/Guardian Names and contact numbers :

\_\_\_\_\_  
Parent or Legal Guardian (Print)

\_\_\_\_\_  
Work Phone Number/ Cell Number

\_\_\_\_\_  
Parent or Legal Guardian (Print)

\_\_\_\_\_  
Work Phone Number/ Cell Number

### EMERGENCY CONTACT INFORMATION

I authorize the following adults to pick up my child:

\_\_\_\_\_  
Name and relationship (Print)

\_\_\_\_\_  
Work Phone Number/ Cell Number

\_\_\_\_\_  
Name and relationship (Print)

\_\_\_\_\_  
Work Phone Number/ Cell Number

Does your camper have any special or dietary needs?  
\_\_\_\_\_

What helps your camper learn?  
\_\_\_\_\_

How can we help your camper during tough moments?  
\_\_\_\_\_

How can we help your camper enjoy in-person camp?  
\_\_\_\_\_