



Devil's Coulee Dinosaur & Heritage Museum

Palaeo-discovery Camps 2020

Devil's Coulee Dinosaur & Heritage Museum
P.O. Box 156
Warner, AB, T0K 2L0

Dear Parents and Campers,

Welcome to Devil's Coulee Palaeo-discovery Camp. Devil's Coulee Cooperating Society works under the name of Devil's Coulee Dinosaur & Heritage Museum and will be known as the latter from here on in. Devil's Coulee Dinosaur & Heritage Museum is committed to providing the best possible camp experience through the use of fun and educational activities. Please take a few minutes to review this information package.

We also would like to encourage you to talk to your child about the camp, as it will help enhance your child's experience. By explaining what the camp offers them, you will help them come into the camp with a positive attitude. We also advise that you explain that our activities are subject to change depending on the weather.

Please note that campers are expected to cooperate and become part of a team while at camp. The children will be spending one or two days together and explaining this to them will help to create a positive experience for everyone.

Thank you for entrusting us with the care of your children. We understand that it can be stressful to leave them with others, so we have taken every measure to guarantee that your child receives only the best supervision. We take great pride in providing a safe, comfortable and fun environment. Rest assured that your children will receive the highest care while learning, developing new skills, and having the time of their lives!

Please note: *Drop off time for the half day camp is 10:00 am and pick up time is 1:00 pm.*

Drop off time for one and two day camps are 10:00 am, and pick up time is 5:00 pm.

Devil's Coulee Palaeo-discovery Camp
Devil's Coulee Dinosaur & Heritage Museum
Phone: 403 642 2118
Email: dinoegg@telusplanet.net
www.devilscoulee.com

PALAEO-DISCOVERY CAMP LETTER OF AGREEMENT

The Devil's Coulee Dinosaur & Heritage Museum will provide opportunities for children to participate in a variety of activities and programs that will foster an appreciation for the natural sciences and the environment. These programs will be fun and interactive, allowing Campers to immerse themselves in palaeontology, as well as related disciplines such as biology, geology, and archaeology.

Summer Camps	Fees
½ Day Camp (Ages 5- 7)	
	\$30
One Day Camp (Ages 6 - 9)	
	\$60
Two Day Camp (Ages 8- 12)	
	\$115

The Museum accepts cheque, VISA, Debit, or MasterCard.

½ Day Camps includes: snacks, activities, games and museum admission

One-day camps include: snacks, transportation to site, programs, crafts, games

Two-day camps include: the above, swimming or trip to Writing-on-Stone and more programs.

THE CAMPER'S GUARDIAN ACKNOWLEDGES that they are entering this agreement in consideration for participation in Devil's Coulee Dinosaur & Heritage Palaeo-discovery Camp.

THE FOLLOWING DOCUMENTS MUST BE SIGNED AND RETURNED

- 1) Palaeo-discovery Camp Letter of Agreement
- 2) Palaeo-discovery Camp Registration
- 3) Medical Information Permission Form
- 4) Consent and Waiver of Liability and Release of all Claims

CANCELLATION AND REFUNDS:

All camp fees are due upon the registration cutoff date.

A full refund, less a \$15 administrative fee, will be provided for cancellations made **one week prior to camp beginning**.

If a cancellation is made less than one week before hand a 50% refund will be administered.

All refunds are subject to review by the Executive Director.

POLICIES:

- a) Campers are to remain with Palaeo-discovery Camp staff members at all times.
- b) Parents/Guardians who are late to pick up campers on the final day of Camp will face a monetary fine of \$30.
- c) Campers will only be allowed to leave with people on the list given to the museum, and they must show identification.

The Devil's Coulee Dinosaur & Heritage Museum is a non-smoking environment in accordance with the *Tobacco Reduction Act*.

Unacceptable behavior or failure to comply with this policy may result in the Camper being asked to leave without financial reimbursement.

PERMISSION TO USE INFORMATION

I, the parent/guardian of the Camper, on behalf of the Camper, grant the Devil's Coulee Dinosaur & Heritage Museum the non-exclusive right to photograph the Camper, and make audio-visual recordings of the Camper. I consent to, and authorize, without limitation, the Devil's Coulee Dinosaur & Heritage Museum to use the Camper's photograph, image, and/or statements (the "Information") for advertising, promotional, and marketing purposes related to the Palaeo-discovery Camp and the Devil's Coulee Dinosaur & Heritage Museum with no compensation, and without further notice or permission.

I agree and accept the terms of this Devil's Coulee Palaeo-discovery Camp Letter of Agreement on this _____ day of, _____, _____
(month) (year)

Parent/Guardian Name _____
(Please Print)

Signature _____
(Parent/guardian signature must be in ink)

Have you been Devil's Coulee Dinosaur & Heritage Museum before?
Yes No

How Did You Hear About Us?

Payment Method (complete if *not* already paid in full)
(Select one): **Visa Debit MasterCard Cheque**

CARD# _____ **Expiry** ____ / ____ **Name on Card** _____

PALAEO-DISCOVERY CAMP REGISTRATION

To register, *complete and sign all forms* and mail or drop off these documents with payment to the Devil's Coulee Dinosaur & Heritage Museum in Warner. **These forms must be completed and delivered, and full payment received by the Devil's Coulee Dinosaur & Heritage Museum in Warner by JULY 4TH 2020.**

Please Check One:

- ½ Day Camp—Baby Dinosaurs (Ages 5-7) [July 7th 2020]
- ½ Day Camp—Marine Life (Ages 5-7) [July 21st 2020]
- ½ Day Camp—Just Dig it (Paleontology) (Ages 5-7) [August 4th 2020]
- ½ Day Camp—Archeology (Ages 5-7) [August 18th 2020]

- One Day Camp—Baby Dinosaurs (Ages 6-9) [July 9th 2020]
- One Day Camp—Marine Life (Ages 6-9) [July 23rd 2020]
- One Day Camp—Paleontology (Ages 6-9) [August 6th 2020]
- One Day Camp—Archeology (Ages 6-9) [August 20th 2020]

- Two Day Camp—All About Dinosaurs (Ages 8-12) [July 15th & 16th 2020]
- Two Day Camp—Marine, Mammals & Modern (Ages 8-12) [August 12th & 13th 2020]

CAMPER INFORMATION

NAME _____ Age _____ Gender _____
 Camper's Address _____ City _____
 Province/State _____ Postal Code/zip _____ Country _____
 Province/State Health Care Number _____
 Date of Birth ____/____/____ Additional Health Coverage: _____
(month / day / year)
 Family Doctor's Name _____ Phone _____

PARENT/GUARDIAN INFORMATION (minimum of two adults' information required)

YOUR NAME _____ E-MAIL _____
 Phone (day) _____ (evening) _____ (cell) _____
 Address _____
 City _____ Province/State _____ Postal Code/zip _____
 Country _____ Custody of Camper Yes No

GUARDIAN #2 _____ E-MAIL _____
 Phone (day) _____ (evening) _____ (cell) _____
 Address _____
 City _____ Province/State _____ Postal Code/zip _____
 Country _____ Custody of Camper Yes No

- Please inform me of future camp dates

EMERGENCY CONTACT(S)

Should be different from above. Will be contacted only if parents/guardians cannot be reached.

NAME _____ Relationship to Camper _____
Phone (day) _____ (evening) _____ (cell) _____

NAME _____ Relationship to Camper _____
Phone (day) _____ (evening) _____ (cell) _____

List of Potential Guardians who may pick up the camper

NAME _____ Phone _____

NAME _____ Phone _____

NAME _____ Phone _____

MEDICAL INFORMATION PERMISSION FORM

CAMPER'S MEDICAL INFORMATION

Any change in the information contained in this form must be communicated in writing to the Devil's Coulee Dinosaur & Heritage Museum Palaeo-discovery Camp as soon as possible, and in any event, prior to the Camper attending Palaeo-discovery Camp.

PLEASE INDICATE IF THE CAMPER HAS EXPERIENCED ANY OF THE FOLLOWING:

Youth:

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsions / Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Stomach/Bowel Issues | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> A.D.D. | <input type="checkbox"/> Blood Clotting Problems |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Breathing Problems |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hearing Problems | |

ALLERGIES:

Environmental _____

Medications _____

Food _____

Other _____

Does the Camper take medication to deal with allergic reactions? Yes No

If yes, please specify: _____

DUE TO THE PUBLIC NATURE OF OUR FACILITY, WE CANNOT GUARANTEE A PEANUT-FREE ENVIRONMENT. But we require all participants (campers, staff and volunteers) not to have bring any items that would contain peanuts or peanut ingredients into the museum at any time.

Please describe any behavioral problems we should be aware of:

Does the Camper have any food restrictions or dietary needs we should be aware of?

Yes No

If yes, please list: _____

DEET PERMISSION CLAUSE:

I hereby consent to my child using aerosol or liquid mosquito repellent containing a maximum of 25% DEET. I understand that my child will self-apply this product as needed, under the supervision of Palaeo-discovery Camp staff.

Parent/guardian's initials: _____

(Parent/guardian initials must be in ink)

MEDICATIONS:

NONE

Please list all current medication taken. Include all prescription medications as well as all over the counter medications such as vitamins, Tylenol, creams, ointments etc. that the Camper will be bringing to Palaeo-discovery Camp.

**If the Camper is not taking any medications, please check the box beside 'NONE' above this paragraph and proceed to Medical Treatment portion on this page.*

Campers with prescriptions for Epipens and/or Asthma inhalers *must* carry them at all times. Campers must inform the staff where their inhaler or Epipen is upon arrival.

Please inform the Palaeo-discovery Camp Staff if your child requires either or both below.

MEDICATION NAME _____

Dose and Delivery (i.e. pills/hour, mg/day) _____

Frequency of Dose (# of times/day) _____

Specify Times (i.e. before breakfast, after lunch, etc.) _____

Delivery Type:

Pill Liquid Inhaler Cream Other: _____

Reasons for Medication: _____

Results and/or side effects of medication: _____

Date of initial prescription: ____/____/____

(month / day / year)

MEDICATION NAME _____

Dose and Delivery (i.e. pills/hour, mg/day) _____

Frequency of Dose (# of times/day) _____

Specify Times (i.e. before breakfast, after lunch, etc.) _____

Delivery Type:

Pill Liquid Inhaler Cream Other: _____

Reasons for Medication: _____

Results and/or side effects of medication: _____

Date of initial prescription: ____/____/____

(month / day / year)

Please attach additional page(s) for Medications as required

Is Camper aware of medical needs and able to express when prescription is needed?

Yes

No

If No, please ensure instructions for dosage, etc. are clearly provided.

Is medication in original container?

Yes

No

Does the container label indicate the proper dosage instructions?

Yes

No

If No, please ensure instructions for dosage, etc. are clearly provided.

Medical Treatment

DEVIL'S COULEE DINOSAUR & HERITAGE MUSEUM PALAEO-DISCOVERY CAMP DOES NOT STOCK OR DISTRIBUTE OVER THE COUNTER MEDICATIONS TO CAMPERS

*Exception: I hereby grant permission for the Palaeo-discovery Camp staff to administer Children's Tylenol to my child should the need arise (please initial) _____

In the event of accident or illness, the Devil's Coulee Dinosaur & Heritage Museum practice is for the Palaeo-discovery Camp to call parents/guardians of the Camper, and if they are not available, the Palaeo-discovery Camp staff will attempt to notify the Emergency Contact(s). Palaeo-discovery Camp staff will take the Camper to a medical facility with a licensed physician if the need should arise.

I hereby certify that I am the parent/guardian of _____ and that the information provided in this Palaeo-discovery Camp Registration and Medical Information Permission Form is accurate. I further certify that I will notify the Devil's Coulee Dinosaur & Heritage Museum in writing, of any changes in the Camper's medical status prior to the Camper attending the Palaeo-discovery Camp.

I (Parent/Guardian Name) _____ hereby authorize the Palaeo-discovery Camp staff to administer the medications listed above in the indicated manner on this _____ day of _____, _____ (month) (year)

Signature

(Parent/guardian signature must be in ink)

CONSENT AND WAIVER OF LIABILITY AND RELEASE OF ALL CLAIMS

A signed waiver of liability is required for each Devil's Coulee Dinosaur & Heritage Museum Palaeo-discovery Camp participant ("Camper").

Campers under the age of 18 must have their consent and release form read and signed by a parent/guardian.

In consideration of acceptance of my child's participation as a Camper in the Palaeo-discovery Camp, I, the parent/guardian of the Camper, agree to this release of claims, waiver of liability and assumption of the risks identified below (collectively the "Release").

I, on behalf of myself and the Camper, release from all liability, waive any and all claims I, or the Camper may have against, and agree not to sue, the Devil's Coulee Dinosaur & Heritage Museum ("Museum"), nor the Palaeo-discovery Camp employees and volunteers for any personal injury, death, property damage, or loss sustained by the Camper as a result of the Camper's participation in the Palaeo-discovery Camp arising out of any cause whatsoever.

DESCRIPTION OF ACTIVITIES AND RISKS

The activities in which your child may participate during the Palaeo-discovery Camp include, but are not limited to, the following:

- Crafts – working with clay, water paints, glue, plaster and scissors
- Hiking – off trail on steep, rough terrain in Devil's Coulee Nesting Site
- Guided tours of the Museum
- Fossil casting – working with latex molds and dental plaster
- Fossil preparation – using awls and dental picks to clean dirt and rock from fossils
- Outdoor games – running on grass, pavement and irregular ground in front of the Museum and in local parks
- Educational programs, fossil find, matrix discovery, clam hash investigation and others
- Being driven out to the Devil's Coulee Nesting Site, Gold Spring Campsite, Milk River, Writing On Stone or other field trip locations. (Will be specified on first day of camp)

ASSUMPTION OF RISKS

In consideration of my child's participation in the Palaeo-discovery Camp and all related activities, I, and my child, acknowledge that we are aware of, appreciate, and accept the inherent physical risks and the other possible RISKS, DANGERS, AND HAZARDS associated with being a Camper, including the possible risk of severe or fatal injury to my child or others.

These risks include but are not limited to:

- a) All manner of soft tissue injuries such as bruises, scrapes, cuts, sprains and strains, as well as broken bones, which may result from slips and/or falls on rough terrain, contact with other Campers, and failing to use tools and equipment properly, either by my child, other Palaeo-discovery Camp participants, or Museum staff;
- b) All manner of injuries resulting from equipment failure
- c) Transmission of diseases in various ways and types from contact with other Camp participants resulting in death, disease, or other illnesses
- d) All manner of injuries resulting from weather, including heat exhaustion and heat stroke during hot weather; flying debris due to windy conditions; and hypothermia due to cold and/or wet weather;
- e) All manner of injuries and/or death that may result from transportation between facilities by vehicle;
- f) Damage to, or theft or loss of some, or all, of the Camper's possessions

INDEMNITY

I agree to indemnify and hold harmless, the Devil's Coulee Cooperating Society working under the name of Devil's Coulee Dinosaur & Heritage Museum from any and all third party claims, demands, actions or costs (including legal costs on a solicitor-client basis) for which the Camper is legally responsible, including those arising out of negligence of willful acts by the Camper. This *hold harmless* shall survive this Release.

ACCEPTANCE OF RESPONSIBILITIES

I, the parent/guardian and the registered Camper, understand and agree that the Camper is responsible for:

- 1) FOLLOWING all the instructions and rules given by those responsible for, or in charge of, the above noted Palaeo-discovery Camp and all related activities while my child is a member and/or participating in the above noted Palaeo-discovery Camp. I understand and accept that the instructions and rules are in place to provide a safe environment for the entire Camp; and
- 2) OBEYING all the rules and regulations pertaining to the above noted Camp and all related activities.

I agree that this Consent and Waiver of Liability and Release of All Claims is subject to, and governed by, the laws in force in the Province of Alberta. In entering into this Release I am not relying on any oral or written representations made by Devil's Coulee Dinosaur & Heritage Museum, including those in any brochures issued to induce me to take part in the Devil's Coulee Dinosaur & Heritage Palaeo-discovery Camp Program.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I understand, appreciate and voluntarily accept the risks associated with my child's participation to the above noted Camp and all related activities at Devils Coulee Dinosaur & Heritage Museum and I voluntarily agree to the terms of this Agreement. As the parent/guardian for the registered Camper, I voluntarily consent for my child's participation in the above noted Camp and all related activities.

I ACKNOWLEDGE THAT IN SIGNING THIS RELEASE, I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, ON BEHALF OF MYSELF AND/OR CAMPER.

Signed this _____ day of _____, 20____, at _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

(Parent/Guardian signature must be in ink)

Forms must be printed in hard copy, signed in blue ink and returned to:

(By Mail or Dropped off at the Museum in Warner)

Devil's Coulee Dinosaur & Heritage Museum

Box 156

Warner, Alberta, T0K 2L0