



## Program Enrollment Form

2145 West Brown Deer Road | Milwaukee, WI 53217 | 414.446-8481 | [jstepien@lyndensculpturegarden.org](mailto:jstepien@lyndensculpturegarden.org)  
fax: 414.446-8492

This is a Word document. Please use as much space as necessary to answer the questions below.

### **PROGRAM INFORMATION** (Please fill out one form per participant)

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**Name of Camp or Workshop:**

**Member Number:**

**Child's Name:**

**Birthday:** (MM/DD/YYYY)

**Age:**

**Grade:**

**School:**

**Name of Parent / Guardian / Custodian:**

(you may include two sets of information)

**Address:**

**City:**

**State:**

**Home Phone:**

**Work Phone:**

**Cell:**

**Email:**

### **MEDICAL INFORMATION**

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**Allergies and/or other medical conditions:**

**Other medical, behavioral or emotional issues we should know about:**

**Medications:**

I understand medications cannot be dispensed to or by program unless I submit a complete Medication and Authorization Form (see attached form).

**Current immunization status:**

Tetanus / date:

Covid Vaccination / 2<sup>nd</sup> dose date:

**Family Doctor:**

**Phone:**

**Emergency Contact** (other than parent)

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We will have a completed incident form for you to review at the end of the day if any incident occurs during the day affecting your child's health or safety. In a severe emergency, we will begin treatment and arrange for transportation to a hospital whether or not we are able to reach you.

**1. (Name / Relationship / Cell):**

(Please continue to next page)

## PICK-UP AUTHORIZATIONS

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Other adult(s) authorized to pick up my child:

1. (Name / Relationship / Cell):
- 2.

## RELEASE FORM - GENERAL

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I, \_\_\_\_\_ (your name) for \_\_\_\_\_ (child's name) do hereby acknowledge and state that said minor is presently under my care, custody and control and that I possess the authority to grant the permission and authorization stated herein, and the minor has no conditions, which would prohibit or restrict her/his participation in activities at the Lynden Sculpture Garden.

I authorize any representative of the Lynden Sculpture Garden to consent to and authorize any medical attention, treatment, surgery, or administration of drugs by qualified and licensed medical personnel for my child should that become necessary. I understand I will be notified as soon as possible in the event of an emergency. My insurance company or I will assume all expenses of such treatment.

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

I further waive and release the Lynden Sculpture Garden, their officers, employees, and subsidiaries from any and all claims and causes of action arising from or concerning any and all injuries, illnesses, losses or damages of any kind which the minor or I may have as a result of, or in connection with, the minor's participation in said event and activities of the Lynden Sculpture Garden.

**Photography:** I give permission for my child to be photographed/videotaped for educational/ news / publicity purposes. (\_\_\_\_ Initial here if you choose not to.)

**Signature of**

**Parent/Guardian/Custodian:** \_\_\_\_\_ **Date** \_\_\_\_\_

***Please return Enrollment and Release forms at least 2 days prior to the camp/workshop.***

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email to: [jstepien@lydensculpturegarden.org](mailto:jstepien@lydensculpturegarden.org)

Call Jeremy Stepien at 414.446-8481 with any questions.

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## RELEASE FORM – COVID-19

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**WAIVER AND RELEASE  
ASSUMPTION OF RISK RELATED TO CORONAVIRUS/COVID-19/CONTAGIOUS DISEASES**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact, including from individuals who are asymptomatic. The virus may be subject to mutation; the term "COVID-19" as described herein includes any mutation of the virus. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations prohibited the congregation of groups of people.

Lynden Inc. ("Lynden") which operates activities at the Lynden Sculpture Garden (the "Garden") and the Bradley Family Foundation, Inc. (the "Foundation") have put in place preventative measures to reduce the spread of COVID-19; however, neither Lynden nor the Foundation can guarantee that you or your child/ren will not become infected with COVID-19 while attending or participating in activities at the Garden.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child/ren or I, may be exposed to or infected by COVID-19 by attending or participating in activities at the Garden and that such exposure or infection may result in personal injury, illness, permanent disability and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Garden may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Lynden or Foundation employees, volunteers, and program participants and their families. I acknowledge that, due to the inherent nature of the activities, maintaining social distancing of at least six feet apart between individuals is not always feasible.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my child/ren (including, but not limited to, personal injury, illness, disability, and death, damage, loss, claim, liability, or expense, of any kind), that I and my child/ren may experience or incur in connection with attendance at Garden or participation in Lynden programming as the result of exposure to or infection by COVID-19 ( the "CLAIMS").

By signing this Waiver and Release, I certify that I and my child/ren are in good health, and are not experiencing any symptoms related to COVID-19, or any other infectious disease; and I certify that I and my children will not enter the Garden if we have any COVID symptoms " .

ON MY BEHALF, AND ON BEHALF OF MY CHILD/REN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS LYNDEN THE FOUNDATION, THEIR OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SPONSORS AND REPRESENTATIVES ("RELEASEES") OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF LYNDEN OR THE FOUNDATION, THEIR EMPLOYEES, AGENTS, AND

REPRESENTATIVES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER ATTENDANCE AT THE GARDEN OR PARTICIPATION IN ANY LYNDEN PROGRAM. IF, DESPITE THE FOREGOING PROVISIONS, EITHER MY CHILD(REN) (OR ANYONE ON THEIR BEHALF) OR I MAKE A CLAIM AGAINST ANY OF THE RELEASEES, I HEREBY AGREE TO DEFEND AND HOLD HARMLESS THE RELEASEES FROM ANY DAMAGES, COSTS, EXPENSES (INCLUDING BUT NOT LIMITED TO LITIGATION EXPENSES AND REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASEE AS A RESULT OF SUCH CLAIM, REGARDLESS OF WHETHER THE CLAIM IS BASED ON ALLEGED NEGLIGENCE OF ANY RELEASEE. I DO NOT WAIVE ANY CLAIM AGAINST A RELEASEE THAT ARISES OUT OF THAT RELEASEE'S INTENTIONAL OR RECKLESS ACTS. .

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I WARRANT AND REPRESENT THAT I AM THE PARENT OR GUARDIAN OF THE CHILD(REN) IDENTIFIED BELOW AND THAT I HAVE THE LEGAL CAPACITY TO EXECUTE THIS AGREEMENT ON MY CHILD(REN)'S BEHALF.

Name of Participant(s) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

# Authorization to Administer Medication – Lynden Sculpture Garden Medication Information and Authorization Form

A copy of this form will accompany the medication during program. Please complete one form for each medication.

## A. CHILD INFORMATION

**Child's Name:** \_\_\_\_\_

**Birthday:** (MM/DD/YYYY): \_\_\_\_\_

## B. MEDICATION INFORMATION

- My child will not bring any medications to Lynden's programs.

Medication shall be in original container and labeled with child's name. The label shall include dosage and directions for administration.

### Name - Medication:

**Over the Counter Medication (OTC):** Does the OTC medication label indicate that the child's physician should be consulted? Yes \_\_\_\_\_ No \_\_\_\_\_ (if YES, I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation)

Parent initials: \_\_\_\_\_

### Dosage:

**Who Can Administer:** \_\_\_\_\_ Staff \_\_\_\_\_ Child

**Event Medication Should to be Administered** (epi-pen, and other emergency medications):

**...Or Time(s) of Day Medicine Should to be Administered:**

\_\_\_\_\_:\_\_\_\_ AM \_\_\_\_\_:\_\_\_\_ PM  
\_\_\_\_\_:\_\_\_\_ AM \_\_\_\_\_:\_\_\_\_ PM

\_\_\_\_\_:\_\_\_\_ AM \_\_\_\_\_:\_\_\_\_ PM  
\_\_\_\_\_:\_\_\_\_ AM \_\_\_\_\_:\_\_\_\_ PM

**Dates** (Medication time period):

M:\_\_\_/\_\_\_/\_\_\_ T:\_\_\_/\_\_\_/\_\_\_ W:\_\_\_/\_\_\_/\_\_\_ TH:\_\_\_/\_\_\_/\_\_\_ F:\_\_\_/\_\_\_/\_\_\_

**How to be Administered:**

**Additional Information:**

## C. AUTHORIZATION

I hereby authorize Lynden Staff to administer the above medication to my child.

SIGNATURE (Parent / Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

### DOCUMENTATION OF ADMINISTRATION (Lynden staff use only)

Date Administered	Time Administered	Dosage	Signature of person who administered meds
1			
2			
3			
4			
5			

