Welcome native songbirds into your landscape or home garden! Gateway Science Museum will host a family-friendly workshop on the building of birdhouses for attracting and supporting two of our favorite songbirds: Western Bluebirds and common House Wrens.

The workshop will include museum entry, educational presentations on the life cycle and nesting patterns of these birds, and selection and building of one birdhouse design.

For more information or to register, please contact Jessica at jedmunson@csuchico.edu or (530) 898-5130.

Children under the age of 16 MUST be accompanied by an adult. Children ages 16–18 may participate individually with the signed consent of parent/guardian. A single “participant” may include 1 adult & 1 child building 1 birdhouse together.

Pre-registration is required and space is limited.

Registration will close March 14, 2017 or when spaces are filled.
BIRDHOUSE BUILDING WORKSHOP REGISTRATION FORM

Welcome native songbirds into your landscape or home garden! Gateway Science Museum will host a family-friendly workshop on the building of birdhouses for attracting and supporting two of our favorite songbirds: Western Bluebirds and common House Wrens. Workshop will include museum entry, educational presentations on the life cycles and nesting patterns of these birds as well as the choosing and building of 1 birdhouse design. Children under the age of 16 MUST be accompanied by an adult. Children ages 16 – 18 may participate individually with the signed consent of parent/guardian. A single “participant” may include 1 adult & 1 child building 1 birdhouse together.

Sunday March 19, 2017 1 – 3 pm

Price per Birdhouse: MEMBERS $15 / NON-MEMBERS $25
(cash, check, or credit card; payable at time of registration)

Pre-Registration is required and spaces are limited.
Registration will close when spaces are filled, and no later than March 14, 2017

For more information or to register, please contact Jess at (530) 898-5130 or jedmunson@csuchico.edu

1. Parent/Guardian Name ___________________________ Child’s Name ___________________________
   (please print) (please print)
Address ___________________________ City __________ State _____ Zip __________
Phone (_____) ___________ (home or mobile) E-mail __________________________

2. Is Participant an adult or child? ________________ If child, what age? ____________

3. Payment: □ Cash (do not send by mail) □ Check (make checks payable to University Foundation - Gateway)

4. Gateway Science Museum Member? □ No □ Yes Membership # __________

5. Forms: I have completed and submitted the following form, as required: (please check when completed)
   □ Release of Liability □ Authorization to Treat an Unaccompanied Minor □ Permission to Publish Photos/videos
   □ Pick-Up / Dismissal of unaccompanied minor

ALL FORMS & PAYMENT MUST BE RECEIVED NO LATER THAN Tuesday, March 14, 2017

GATEWAY SCIENCE MUSEUM

Mail: 400 W. 1st St., Chico, CA 95929-0545
In Person: 625 Esplanade, Chico
Email: gateway@csuchico.edu

www.gatewayscience.org | 530. 898. 4121

Last updated 2.15.17 je
RELEASE OF LIABILITY
PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

FOR ALL PARTICIPANTS

Activity: Gateway Science Museum Birdhouse Workshop Summer 2017
Gateway Science Museum is a research project of the CSU, Chico Research Foundation.

Activity Dates and Times: Sunday March 19, 2017 1 – 3 pm

Activity Locations, Premises or Facilities: California State University, Chico - Gateway Science Museum

In consideration for being allowed to participate in this Activity and/or use of the Premises or Facility, on behalf of my child/ward, myself and next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of the California State University, California State University, Chico, and their employees, officers, directors, volunteers and agents (collectively “University”) and the Research Foundation and their employees, officers, directors, volunteers and agents (collectively “Auxiliary Organization”) from any and all claims, including claims of the University’s or Auxiliary Organization’s negligence resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss my child/ward or I may suffer because of their participation in this Activity, including travel to, from and during the Activity.

I grant permission for my child/ward to participate in the Activity. I am aware of the risks associated with traveling to, from and participating in the Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, death and/or property damage. I understand that these injuries or outcomes may arise from my child/ward’s own or other’s actions, inaction, negligence, conditions related to travel, or the condition of the Activity Location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my child/ward’s participation in this Activity, including travel to and from and during the Activity.

I certify that the participant is in good health and has the capacity to participate in programs of this nature.

I agree to hold the University and Auxiliary Organization harmless from any and all claims, including attorney’s fees or damage to participant’s personal property that may occur as a result of participation in this Activity, including travel to, from and during the Activity. If my child/ward needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry health insurance on my child/ward.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

**Participant is under 18 years of age:**

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University and the Auxiliary Organization from all liability on my and the Participant’s behalf, (b) promising not to sue on my and the participant’s behalf, (c) and assuming all risks of the Participant’s participation in this Activity, including travel to/from an during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this full page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

_____________________________________________________
Name of Participant or Minor Participant’s Parent/Guardian (Print)

_____________________________________________________
Signature of Minor Participant’s Parent/Guardian

_____________________________________________________
Minor Participant’s Name (Print)

Date

Last updated 2.15.17 je
AUTHORIZATION TO TREAT A MINOR
CSU, CHICO RESEARCH FOUNDATION
For participants aged 16-18 without an accompanying adult participant

In the event that my child/ward becomes ill or sustains an injury while in the care or under the supervision of the Gateway Science Museum Birdhouse building Workshop program, operated through the CSU, Chico Research Foundation, any of the adult supervisors of the activity is given my permission to administer first aid for his/her relief.

If it is not practical to return him/her to me or to receive my instructions for his/her care:

I, the undersigned parent or legal guardian of ________________________________, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and emergency hospital care, which is deemed advisable by and is rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to provision of Section 25.8 of the Civil Code of California.

I further agree to not hold the above-named program, the CSU, or the CSU, Chico Research Foundation or their employees, officers, directors, or volunteers liable for the medical aid rendered, and I agree to make reimbursement for the medical or other expenses incurred for the care of the named minor.

Parent/Legal Guardian Signature: ___________________________ Date: ___________________________

Parent/Legal Guardian name (print): ___________________________ Relationship to Minor: ___________________________

Medical Insurance Information:
Name of Insurance Company: ___________________________ Policy #: ___________________________
Name of Insured: ___________________________

Medical Information:
Allergies to drugs or foods: ___________________________
Required medications & frequency: ___________________________
Date of last Tetanus Booster: ___________________________
Are there any activity limitations or special needs?: ___________________________

Emergency Contact and Pick Up Information:
Name: ___________________________ Phone #: ___________________________ Relationship: ___________________________
Name: ___________________________ Phone #: ___________________________ Relationship: ___________________________
Name: ___________________________ Phone #: ___________________________ Relationship: ___________________________

Last updated 2.15.17 je
Permission to Publish Photos/Videos on Website or in Printed Materials

FOR ALL PARTICIPANTS

Photos of activities taken during the Birdhouse Building Workshop are important tools for publicizing and promoting future workshops/activities of this nature. Permission from minor participant and parent/guardian is required to allow this to occur.

To protect a child’s identity, names will not be published near or in reference to photographs or videos. Only the GSM Executive Director will have permission to add pictures and videos to publicity materials or GSM web pages.

Workshop Participant Consent

☐ YES ☐ NO

As parent/legal guardian, I give the CSU, Chico Research Foundation, CSU, Chico, and Gateway Science Museum permission to use photographic workshop images and videos of my child/ward for reproduction on the Gateway website or Gateway Facebook page, or in printed materials for the sole purpose of promoting the workshop or related activities. I understand that my child/ward’s name will not be associated with any such photographs.

-- IF you checked YES above, please complete below --

Parent/Guardian Consent

Participant’s Full Name (print): ________________________________

I am the parent or the legal guardian of the above-named minor and hereby approve the use of his/her photograph or video pursuant to the terms described above.

I affirm that I have the legal right to issue such consent.

Parent/Guardian Signature: ________________________________ Date: __________________

Parent/Guardian Printed Name: ________________________________
PICK-UP / DISMISSAL AUTHORIZATION

For participants aged 16-18 without an accompanying adult participant

For the safety of the children aged 16 – 18 attending the Birdhouse Building Workshop without an accompanying adult participant, we ask that you please provide us with information on the adult(s) who are approved to pick-up your minor child at the end of each day.

PICK-UP AUTHORIZATION (please enter one or more):

1. Name: ________________________________   Phone: ______________________________
   Relationship: _________________________________

2. Name: ________________________________   Phone: ______________________________
   Relationship: _________________________________

3. Name: ________________________________   Phone: ______________________________
   Relationship: _________________________________

Parent/Guardian Signature: ________________________________ Date: __________

ALTERNATIVE DISMISSAL (optional):

IF you have made alternate arrangements with your child, and you wish to allow them to leave the premises without adult supervision, you MUST indicate transportation method and sign below.

I grant Gateway Science Museum and the CSU, Chico Research Foundation, approval to release my minor child/ward without adult supervision or authorized pick-up personnel, at the close of events on March 19, 2017. My minor child/ward will be leaving the Gateway premises by:

☐ Bicycle or skateboard  ☐ Walking  ☐ Public Transportation  ☐ Other (explain)

_________________________________

Parent/Guardian Signature: ________________________________ Date: __________

Gateway Science Museum
625 Esplanade
Telephone: 530-898-4121