

# TEEN PROGRAMS PARENT/ GUARDIAN PERMISSIONS

We are excited to have your child participate in one of our teen programs. Your support will help ensure your child has a successful experience. Please complete this form and have your child bring it to orientation or prior to their first day.

We have food or snacks at many of our programs. We try to have a variety of choices to accommodate preferences. If your child has a severe allergy or medical condition, please make sure they bring their own food and carry proper medications. If there is a medical emergency our staff will call 911 or medical help.

If you have questions or need to provide additional information to our staff, contact Leah Juster at 651-259-3189 or leah.juster@mnhs.org.

*Please indicate which teen program your child is participating in.*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fife and Drum               | <input type="checkbox"/> High School Gallery Assistant | <input type="checkbox"/> High School Summer Intern |
| <input type="checkbox"/> Kurtzman History Day Intern | <input type="checkbox"/> Mazinaakizige                 | <input type="checkbox"/> SAIL                      |
| <input type="checkbox"/> SHIP                        | <input type="checkbox"/> Summer Tech                   | <input type="checkbox"/> Teen Action Group         |
| <input type="checkbox"/> Volunteer                   | <input type="checkbox"/> Wariyaa                       | <input type="checkbox"/> Other                     |

## Field Trip Authorization

The teen program schedule may include field trips to other museums or venues. MNHS staff will supervise these field trips. In addition to these trips, your child will be participating in a variety of activities both inside our site and on the grounds. These activities may include lessons, arts and crafts, and outdoor games. All activities are planned, implemented, and supervised by MNHS staff. Your initials indicate permission for your child to attend the off-site field trips, and releases MNHS, the site, and MNHS staff, interns, and volunteers from any liability associated with your child's participation.

*Initial*

*My child has permission to attend off-site field trips provided as part of their participation in teen programs. I hereby release MNHS, the site, and MNHS staff, interns, and/or volunteers from any liability for any accident, injury, etc., associated with my child's participation in teen program activities.*

## Photo Release

MNHS may take photos and video footage of your child as they participates in teen program activities.

*Initial*

*I do hereby permit MNHS to use and/or reproduce any photographic and/or digital images of my child(ren) under the age of 18 taken at a MNHS event or location. This release gives MNHS the complete and unequivocal right to use my/our photograph(s) and/or video in any publication, file, promotion, multi-media presentation and/or world-wide web site relating to and/or for MNHS for any educational documentary, and/or promotional purpose.*

*Initial*

*I do not give my permission for MNHS to use a photograph and/or video for any purpose.*

## Copyright & Evaluation Release

As part of the teen program, your child may create original work such as research, sketches, drawings, etc. In addition, the student may be asked to complete evaluations as part of their participation.

*Initial*

*This release gives MNHS the complete and unequivocal right to use the original work(s) or evaluation meta-data in any publication, file, promotion, multi-media presentation, and/or world-wide web site relating to and/or for MNHS for any educational, documentary, and/or promotional purpose(s).*

**Turn over. You must complete second page.**



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**Permission to Participate**

My signature below gives my child permission to participate in this program.

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Participant's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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**Questions**

If you have any additional questions about teen programs or this form, please contact Leah Juster at 651-259-3189 or [leah.juster@mnhs.org](mailto:leah.juster@mnhs.org)