



ORANGE REGIONAL MUSEUM

Museum Sleepover

PARTICIPANT DETAILS

Participants Name (child):	
Age of Participant:	
Name of Parent/Guardian accompanying participant:	
Contact phone number:	
Is there any medication, which may need to be administered to your child whilst participating:	Yes/No
If yes please give details:	
Who will administer this medication? (Note: Museum staff cannot do this)	Parent / child / chaperone
Does the participant/child have any dietary requirements?	Yes/No
If yes please give details:	

<i>Person to contact in case of Emergency (cannot be attending sleepover)</i>	
Name:	
Mobile Phone:	
Relationship to participant:	

CONDITIONS OF ENTRY are set out as follows by Orange Regional Museum

1. Attendance of the event is deemed to be acceptance of these terms and conditions.
2. This is a program designed for children aged 6-10 years and their chaperones. Refunds are available up to five days prior. Refunds will not be available after this point.
3. Advertised programs may be varied without notice.
4. The Museum reserves the right to administer First Aid and to call an ambulance should we deem it appropriate.

5. The Museum will not be responsible for any loss, damage or injury arising from a pre-existing medical condition or due to a breach of these conditions.
6. Participation in any activity as part of an advertised program is at the ticket holders own risk, subject to applicable laws where liability may be excluded, restricted or modified.
7. Privacy: The personal information requested on this form is being collected by the Museum for participation in the Sleepover. This information will be used solely by Orange Regional Museum staff associated with this workshop for that primary purpose and it will not otherwise be disclosed without your consent or as permitted by law.

I, or as the parent/guardian of the aforementioned participant/child, AGREE to the Conditions of Entry as set out herein:

Name:	
Signature:	
Date:	