



Name: \_\_\_\_\_

Session: \_\_\_\_\_

## Workshop Safety Rules

**These rules are for your protection. They apply to you and everyone else in the workshop. Please read them and sign below.**

**Immediately tell a mentor or Bakken staff member when:**

- You see an injury or accident.
- You think something is unsafe.
- You need assistance.

### **Safety in the workshop**

- Be courteous: don't run, push, shout, or disturb people in the workshop.
- Be respectful: don't criticize others or destroy another person's work.
- Be safe:
  - Carry sharp tools and equipment in your hands instead of your pockets.
  - Unplug soldering irons and glue guns when they are not in use.
  - Never cut into a "live wire" (a wire plugged into an electrical outlet).
  - Don't point or reflect laser light at people.
  - Don't eat in the workshop.

### **Clothing and safe equipment**

- Wear appropriate clothing (well-fitting clothes that you don't mind getting dirty).
- No dangling neckwear like necklaces or ties; very long hair should be restrained.
- Wear shoes that completely cover your feet (i.e., no sandals).
- Wear safety glasses when:
  - In workshop and you or anyone else is using tools or equipment.
  - Working with solvents, paints, or other chemicals.
  - Whenever there is a risk of flying debris.
- Wear leather gloves when using belt sander or grinder.

### **Keeping the workshop clean**

- Wipe up any spills you make.
- Return any equipment or tools to the appropriate place when you are done.
- Deposit your trash in the wastebasket before leaving your work area.
- Wash your hands before leaving The Bakken.

*I have read the safety rules and agree to follow them while at The Bakken.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

*I understand my child may use tools (sander, grinder, drill press, scroll saw, handsaw, soldering iron, glue gun, and hand tools, etc.) under adult supervision in this class, and that my child needs to follow these rules to remain in the program.*

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

**Print Name:** \_\_\_\_\_

# Outdoor Release

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I give my permission for my child to participate in the outdoor activities/games that are part of The Bakken's summer camp program. As such, I understand and give my permission for my child to cross the West Calhoun Parkway to reach the park. I also understand that my child will be supervised by Bakken staff as they cross the street and while at the park.

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

**Print Name:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

# Emergency Information

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***This form must be returned to The Bakken on or before the first day of the program.***

Name of student: \_\_\_\_\_ Birth date: \_\_\_\_\_

Street address: \_\_\_\_\_

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

## **Emergency Contacts**

Name of parent/guardian: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

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Relationship to student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

## **Additional Needs**

Please let us know if your child has any special, social, or medical needs and explain how we can best accommodate them. Our staff cannot administer medications.

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## **Behavior Policy**

Participants will be removed from the program in cases of inappropriate behavior including: failure to use equipment in a safe manner; acting physically or verbally abusive to other participants or to The Bakken staff; leaving the group; or refusing to follow instructional or behavioral directions.

## **Participant Waiver**

I, the undersigned, know that my child or ward is participating in a Bakken Museum program voluntarily and at our own risk. I will not hold The Bakken or its employees liable for any negligence that results in injury or property damage during or in connection with this program.

I, the undersigned, give my permission for The Bakken staff to procure all necessary medical help for my child or ward while he or she is under the supervision of the Bakken. I grant permission to its representatives to authorize any competent medical professional to do all things necessary to take care of injury and sickness.

I acknowledge in signing this form that I accept responsibility for payment of any medical treatment which may be required while my child or ward is in this program. I agree to the above waiver, medical release, and behavior policy.

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

# Photography/Video/Film Consent & Release

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I do hereby consent and agree that The Bakken has the right to take photographs or record video/film of me (and/or my property) and to use these in educational, promotional, industrial, and commercial material. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release The Bakken all rights, claims, or interests I may have to control the use of my identity or likeness in these photographs or video/films and agree that any uses described herein may be made without compensation or additional consideration to me.

I represent that I am at least 18 years old, have read and understood the forgoing statement, and am competent to execute this agreement.

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

**Print Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**I do not consent** that The Bakken has the right to use photographs or record video/film of me for educational, promotional, industrial, and commercial material.

*Please note, we will be putting together a slide show of pictures and video to share at the Big Show on Friday, if you do not want your camper included please talk to one of the Camp Coordinators.*

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