

# IRELAND'S GREAT HUNGER MUSEUM

## The Paintings Speak: Creating Dramatic Monologues Inspired by the Artwork in Ireland's Great Hunger Museum

### Registration Form

Please complete one registration form for each child

E-mail to [margaret.vaughan@qu.edu](mailto:margaret.vaughan@qu.edu)

or mail to Ireland's Great Hunger Museum, Margaret Vaughan, 275 Mount Carmel Avenue, Hamden, CT 06518

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Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_ Age \_\_\_\_ Male/Female \_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_ Please check here if you and/or your child do not wish to be photographed for press and publicity.

**How did you hear about us?**    Flyer    Website    Facebook    Friend/Family   Other: \_\_\_\_\_

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This program takes place from **9 a.m. to 11 a.m. on August 16, 17, and 18.**

Drop off begins at **8:45 a.m.** daily.

**Workshop Total: \$45**

Method of Payment:

My check is enclosed                       Please charge my credit card

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

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#### Storytelling Workshop Policies

Advance registration is required. Registration is accepted by e-mail, mail, or in person only. Phone registration is not available. Enrollment cannot be guaranteed until full payment is received. All children must be signed in and out of the museum by a parent/guardian each day. Children may be signed in or out by another adult only with written approval from a parent/guardian given and prior notice to the museum.

This museum reserves the right to change the course content and instructor without notice. All classes must have a minimum number of children registered in order to be offered. In case of cancellation, you will be notified 3 days before the first day of class and a full refund will be available.

The museum welcomes children of all abilities. Making us aware of any special needs or considerations is greatly appreciated and helps museum staff ensure a successful learning experience. Please list any known allergies/other conditions requiring special consideration:

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In case of accident or serious illness, I request that I/we be contacted. I hereby give permission for emergency medical treatment, which will include, but not be limited to, initial diagnostic x-rays and other such procedures as the physician may deem necessary for preservation of health. I agree to assume all costs related to such treatment. I hereby waive and release Ireland's Great Hunger Museum and Quinnipiac University teachers, staff, and volunteers from and against all claims and medical and legal costs associated from my child's program participation.

Emergency Contact Name \_\_\_\_\_ Best Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

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

**Waiver, Release and Hold Harmless Agreement**  
**Read carefully - this affects your legal rights**

Name of Participant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

In consideration of permission granted by Quinnipiac University allowing me to participate in the **The Paintings Speak: Creating Dramatic Monologues Inspired by the Artwork in Ireland's Great Hunger Museum** (the "Activity"), which will occur on **August 16, 17, and 18**, which is sponsored by **Ireland's Great Hunger Museum**, I (together with my parent or guardian, if I am under the age of eighteen (18) or under a legal disability) represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the Activity, including any associated travel, regardless of whether or not caused in whole or in part by the negligence or other fault of Quinnipiac University, The Trustees of Quinnipiac University, and/or its or their departments, trustees, affiliates, employees, officers, agents or insurers ("Released Parties").
2. I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.
3. I give permission to Quinnipiac University to utilize any medical emergency services it deems necessary to treat any accident, injury or illness that may occur arising from my or my child's participation in **The Paintings Speak: Creating Dramatic Monologues Inspired by the Artwork in Ireland's Great Hunger Museum**.
4. I agree that I or my child has adequate medical coverage and insurance.

Insurance Provider: \_\_\_\_\_.

5. I agree to hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.
6. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name