The purpose of this document is to confirm arrangements regarding classes scheduled at the Pioneer Village Museum, Barron County Historical Society.

**Event**

Class Name: ________________________________________________________________

Event Date(s) and Time: _______________________________________________________

Description of Class: _________________________________________________________

**Contact Information**

Name(s): _________________________________________________________________

Address: _________________________________________________________________

Home Phone: ______________________________________________________________

Mobile Phone: _____________________________________________________________

Email: ______________________________________________________________________

Cost: _____________________________________________________________________

Participant Signature __________________________________ Date:__________________

**Consent Statement for Minors**
I will not hold the Barron County Historical Society responsible in case of an injury resulting from my child’s participation in this class at Pioneer Village and give consent for my child to receive emergency treatment by a physician or hospital as needed.

_____ Yes  _____ No

Parent/Guardian Signature ___________________________________________________________________ Date:__________________

**Permission to Photograph and/or Videotape**

_____ Yes, the Barron County Historical Society has permission to photograph and/or videotape myself and/or my child for Barron County Historical Society promotions and publications. All images produced will have a direct association to the Society and its educational programs.

____________________________________________________________________________ Date:__________________

Parent/Guardian Signature