



## Guest Immunization Waiver

Child's Name: \_\_\_\_\_

I did not travel with my child's immunization form(s)/records. By signing below, I recognize that it is my responsibility to provide Mountain Top Explorium with my child's immunization records **within 30 days** of program enrollment. Records will be emailed or mailed to:

Mountain Top Explorium  
PO BOX 4359  
Breckenridge, CO 80424  
[info@mtntopmuseum.org](mailto:info@mtntopmuseum.org)  
970-453-7878

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