

The USS *Constellation* Museum
Living Classrooms Foundation
Pier 1, 301 East Pratt Street, Baltimore, Maryland 21202-3134

Overnight Program – Adult Waiver Form

Part I. Group Name: _____ Program Date: _____

Adult Name (Please Print) _____ () - - _____ () - - _____
Home Phone Work Phone

(Complete Address) _____

Email Address _____

Minor in my care: _____

Part II.

I agree to release and forever discharge the USS *Constellation* Museum and the Living Classrooms Foundation, Inc., its Officers, Board of Trustees, Employees and Agents, its Officers and Crew (hereinafter "Released Parties") from any and all liability, damages, claims or causes of action, arising out of or in any way connected with my boarding of the USS *Constellation*, activity in the USS *Constellation* Museum building or on the connecting gangway, or participation in the on board program.

I further agree to indemnify and hold forever harmless liability, damages, claims or causes of action made or brought by the said minor or by anyone on behalf of the minor as a result of or in any way connected with the minor's boarding or participating in the program.

I acknowledge that the USS *Constellation* Museum and/or Living Classrooms Foundation reserves the right to video, photograph, or record any activity associated with this educational event and that photos, video, or audio recordings taken may be used in the museum's printed material or on the museum's website or by broadcast media for educational and promotional purposes.

I understand that smoking or other use of tobacco products, or consumption of alcoholic beverages while involved in USS *Constellation* Museum Education programs aboard ship or ashore is prohibited.

My signature below indicates that I have read, understand, and will comply with all stipulations contained in Part II of this document. Failure to do so may result in the summary dismissal from the program of both myself and my child.

Signature Date