

## Overnight Program - Parental Release Form

Part I. Group/Unit \_\_\_\_\_ Program Date: \_\_\_\_\_

Child's Last Name (please print) First Name Middle Initial Age

### Emergency Contact Information

Please provide at least two emergency contacts:

1. \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Name Home Phone Work Phone

Complete Address: (Street, City, State, Zip Code)

2. \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Name Home Phone Work Phone

Complete Address: (Street, City, State, Zip Code)

3. \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Name Home Phone Work Phone

Complete Address: (Street, City, State, Zip Code)

### Part II.

- I hereby grant my permission for (minor's name) \_\_\_\_\_ to participate in the USS *Constellation* Museum's overnight program, to be in the museum building and to board the USS *Constellation*. 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 the minor's boarding the USS *Constellation*, activity in the museum building or on the gangway, or participation in the on board activities. 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.
- Parental Release: I give permission for authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my son/daughter, and also permit such procedures to be carried out at, and by the local hospital(s) in the event that my son/daughter has been taken there for emergency care. I understand that any medical expenses will be directly billed to me or my insurance company.
- I have notified the responsible chaperone of any medical problems/issues relevant to my child. I understand that all medications, prescription and non-prescription, must be administered by a responsible chaperone participant in the program, and I have provided written instructions with such medications so that they may be administered as required.
- I have notified the responsible chaperone and the USS *Constellation* Museum Education Department of any and all special dietary needs that exist
- 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.
- 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 programming 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..
- My signature below indicates that I have read, understand, and have complied or will comply with all stipulations contained in Part II of this document.

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

\_\_\_\_\_  
Date

A "Parental Release Form" MUST be completed and signed by a parent/legal guardian, and it MUST accompany each child at the time of the programming event.