

**Whitehead Memorial Museum
A Night at the Museum
Participant Permission and Release**

A participant permission and release must be filled out and submitted for every participant (adult and child) and presented at check-in.

Parent/Guardian Name: _____

Participant's Name: _____ **Adult** **Child Age:** _____

Address: _____

Phone (Home/Cell): (____) _____ **(Business):** (____) _____

A Night at the Museum Date: _____

In consideration of being allowed by the Whitehead Memorial Museum ("Museum") to participate in the A Night at the Museum sleepover (the "Program"), I hereby agree that:

- I agree to accept and abide by the rules and regulations of the Program as established by the Museum and to obey the direction of the Museum's representatives.
- I understand that video production and/or photography may be conducted during the Program. I grant full and irrevocable consent to the Whitehead Memorial Museum and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, or otherwise use my photographic likeness.
- I understand that neither medical nor health insurance coverage is supplied by the Whitehead Memorial Museum and that the participant is responsible for all insurance coverage.
- I understand and expressly assume the risk of any and all damage, injury, death or harm which may occur to me or my property.
- I forever release and discharge the Whitehead Memorial Museum its officers, directors, employees, agents, assigns, and insurers from any and all claims or liability arising out of or in connection with me and/or my child's participation in the Program. This release includes libel, invasion of privacy, negligence, or other fault that result in personal injury, death, or property damage during or in connection with the above program or activities. This release will be construed according to the law of the State of Texas. This Permission and Release shall inure to the benefit of licensees and assigns of the Museum, and shall be binding upon myself and/or my child, spouse, and my/his/her heirs, estate, personal representatives and assigns.
- I understand that visitors are not allowed to bring alcoholic beverages into the Museum at any time.

This document contains a release of claims. Please read it carefully before signing.

I acknowledge that I have received, read, understood and agreed to the above and I voluntarily sign this Participant Release Agreement.

Undersigned:

Print Name

Signature

Parent or Legal Guardian if participant is a minor:

Print Name

Signature