

**Smithsonian Sleepover
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.

Participant's Name(s) (Please Print) _____

___ Adults ___ Children/Youth (8-14 years) (Must be at least 8 years old)

Parent/Guardian Name _____

Address _____

Phone (Home) () _____ (Business) () _____

Sleepover Date: _____

In consideration of being allowed by the Smithsonian Institution ("the Smithsonian") to participate in the Smithsonian Sleepover (the "Program") at the _____
(location)

I hereby agree that:

- I/my child have read the Rules of Conduct and FAQs and agree to accept and abide by them and to comply fully with the instructions provided by the Smithsonian's representatives while participating in the Program.
- I understand that I/my child may be videotaped or photographed during the Program. On behalf of myself/my child, I grant the Smithsonian without cost of a royalty-free perpetual license to use my/my child's image(s), name(s), likeness(es), and voice(s) for any Smithsonian purpose, including, but not limited to, exhibitions, research, publications, educational, archival, and public relations purposes, as well as informational programming and notices regarding the Program in print or on the Smithsonian's internet web site.
- I understand that neither medical care nor medical/health insurance coverage is supplied by the Smithsonian and that I am responsible for all insurance coverage.
- I will be responsible for any injury or damage I/my child causes to the Smithsonian, another party, or their property. I understand and expressly assume the risk of any and all damage, injury, or death which may occur to me/my child or my/my child's property.
- On behalf of myself/my child and my/my child's family, heirs, estate, personal representatives or assigns, I agree to release, hold harmless, and covenant not to sue the Smithsonian Institution, its Regents, officers, employees, and agents from any and all liability for personal injury, death, property damage, or loss of any kind or nature whatsoever (whether caused by negligence or otherwise), arising directly or indirectly in connection with my/my child's participation in the Program. This release will be construed according to federal law and the law of Washington, D.C.
- 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 Permission and Release agreement.

Undersigned:

Print Signature

Parent or Legal Guardian if participant is a minor