

## Sleepover Program Participant Permission and Release

This form must be completed and returned prior to the event date for the child to participate in the museum program.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  
Please Print

Parent(s)/Guardian(s) Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: H( ) \_\_\_\_\_ C( ) \_\_\_\_\_ W( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Person(s) other than parents/guardians that can be called in event of an emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

**HEALTH ALERTS:** Please note that our staff **CANNOT** administer medications.

Health conditions, allergies, dietary requirements, and necessary actions: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

List any restrictions that may affect or limit full participation in any camp activities: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

List equipment needed, such as a wheelchair, brace, glasses, inhaler, etc. \_\_\_\_\_

Immunizations current:  Yes  No

\*\*If you have any additional information that the Virginia Museum of Natural History (VMNH) should have in order to better care for your camper, please attach the information to this form.\*\*

My child has permission to participate in the VMNH Sleepover program. In addition, my child has permission to participate in all activities inside VMNH as well as off-site field trips if applicable. Furthermore,:

- I authorize VMNH to arrange any necessary emergency treatment in the event I cannot be reached.
- I understand that neither medical nor health insurance coverage is supplied by the Museum and that the participant is responsible for all insurance coverage.
- I understand that during the program video and/or photography may be conducted. I agree that the Museum shall be the exclusive owner of the video/photography. I grant full and irrevocable consent to the Museum and those acting under its permission or upon authority, the unqualified right and permission to reproduce, copyright, publish, or otherwise use my child's photographic likeness.  
 \*Please initial if you **DO NOT** give permission for video/photography \_\_\_\_\_
- I release from liability, and promise not to sue the Commonwealth of Virginia, VMNH, the Virginia Museum of Natural History Foundation, or the officers, agents, or employees of either, for the injury or property damage that I may suffer while participating in the program in any way, unless such injury or property damage is caused by the gross negligence or intentional misconduct of the Museum.

I acknowledge that I have received, read, understood, and agreed to the above and voluntarily sign this Sleepover Program Participant Permission and Release agreement.

**Parent or Legal Guardian:**

\_\_\_\_\_  
 \_\_\_\_\_

Print Name

Signature

Date

VMNH/DEPP: Sleepover release 1.10/review 1.11