

## PARTICIPANT PERMISSION AND RELEASE

This form must be filled out and submitted for **every individual** participant **(4) weeks** prior to the event. Forms not returned **(4) weeks** prior may result in delays entering the event.

Operation Slumber Date: \_\_\_\_\_ Group Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

☐ Child/Youth (if Youth, fill out next line as Parent/Guardian and complete all applicable sections below. **Please note that all attending adults must also fill out an individual waiver as well**)

☐ Adult

Please state if there are any medical needs that require accommodations during the visit in the other section below.

Allergies: \_\_\_\_\_ Other: \_\_\_\_\_

☐ CPAP – If you require a CPAP, please bring your own extension cord!

☐ Glucose Monitor

We strongly encourage each participant to bring lots of water with them! (there are **no** water fountains located on the ship)

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

## APPROVALS AND SIGNATURES

In consideration of being allowed by the Intrepid Sea, Air & Space Museum ("Museum") to participate in the *Operation Slumber* Sleepover ("Program"), I hereby agree that:

- I agree to accept and abide by the Rules and Regulations of the Program (attached) as established by the Museum and to obey the direction of the Museum's representatives.
- I understand that, as a ship, the Museum is a unique environment with numerous potential hazards and I agree that I will confine my activities to areas specifically designated by Museum personnel as accessible for this evening's Program.
- I understand that video production and/or photography may be conducted during the Program. I grant full and irrevocable consent to the 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 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 further understand the Museum assumes no responsibility for any personal property brought into the Museum.
- I forever release and discharge the Museum, its officers, directors, employees, agents, assigns, and insurers from any and all claims or liability arising out of or in connection with my 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 New York State. This Permission and Release shall insure 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.

**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 the Rules & Regulations and I voluntarily sign this Participant Release agreement.

Signature of Participant \_\_\_\_\_ Participant Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if Participant is a Minor) \_\_\_\_\_ Parent/Guardian Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_