

# Overnight Waiver and Release Form

A release form signed by an adult 18 years old is required for each participant, including adult participants.

## Minor's Name

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **M.I.:** \_\_\_ **Age:** \_\_\_\_

## Adult Participant's Name (if applicable)

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **M.I.:** \_\_\_ **Age:** \_\_\_\_

## Parent/Guardian (if not accompanying your child) or Adult's Information

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **M.I.** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

## Release

1. I acknowledge that the layout, structure, and equipment on the historic vessels *USS Constellation*, *USS Torsk*, *USCGC Taney*, and *Lightship Chesapeake* presents an inherent risk of injury during normal traversing of, and activity on these ships. I agree to release and forever discharge the Historic Ships in Baltimore and the Living Classrooms Foundation, Inc., its Officers, Board of Trustees, Employees and Agents (hereinafter "Released Parties") from any and all liability, damages, claims or causes of action, arising out of or in any way connected with my boarding or traversing the these vessels, activity in the museum building or on the gangway, or participation in any on-board program activities.
2. I further agree to indemnify and hold forever harmless liability, damages, claims or causes of action made or brought by any above named minor or by anyone on behalf of said minor resulting from, or in any way connected with the minor's boarding, traversing, or participating in the programs aboard these vessels.
3. I further agree to indemnify and hold forever harmless liability, damages, claims or causes of action made or brought by myself or as a result of, or in any way connected with my boarding these ships or participating in the program.
4. I acknowledge that the Historic Ships in Baltimore and/or Living Classrooms Foundation reserves the right to video, photograph, or record any activity associated with this educational 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.
5. I understand that smoking or other use of tobacco products, or consumption of alcoholic beverages aboard ship and ashore is prohibited during the duration of my program.
6. I have notified my group leader of any medical problems/issues relevant, and any/all special dietary needs that exist for myself or the minor named above. 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.
7. I have notified my group leader and the Historic Ships in Baltimore Education Department
8. I give permission for authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for myself or any minor named above, and also permit such procedures to be carried out at, and by the local hospital if I or any minor listed above are taken there. I understand that any medical expenses will be directly billed to me or my insurance company.
9. I agree to follow all safety instructions from museum staff, and I understand that in participation in this overnight program obligates all adult participants over 18 to assist the museum staff in managing the youths in my overnight group, and to participate in the Night Watch as a safety procedure.
10. My signature below indicates that I have read and understand all stipulations contained in this form. I acknowledge and agree to them on behalf of myself and any abovenamed minor.

Signature of Parent or Guardian/Accompanying Adult: \_\_\_\_\_ Date: \_\_\_\_\_