



ANCHORAGE MUSEUM

PM/AM
MYSTERY OVERNIGHT IN THE
ANCHORAGE MUSEUM

A completed form is required for each participant (both children and chaperones) upon arrival. Please review the PM/AM Overnight Program Guide for information about the standards and rules of safety, conduct, and behavior regarding the Anchorage Museum's Overnight Program.

PARTICIPANT'S NAME

GROUP LEADER/GROUP NAME

EMERGENCY CONTACT NAME

EMERGENCY CONTACT NUMBER

CHECK ONE: _____ CHAPERONE _____ CHILD/YOUTH _____
AGE

MEDICAL/SPECIAL ACCOMMODATIONS

See Reverse →

RELEASE OF LIABILITY

I have requested the Anchorage Museum Association (AMA) to allow my child to participate in the program. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following:

I understand that participation in program activities can expose my child to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge AMA, its officers, agents, and employees from any and all claims or liability for personal injury or property damage my child may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release and hereby release AMA and the officers, agents, and employees of the camp for any negligence of the overnight program, or its officers, agents or employees.

I assume responsibility for any food-borne illness caused by consumption of outside food/drink brought into the Anchorage Museum including any food/drink provided by a third party with or without the participant's/guardian's consent or knowledge.

DISMISSAL

Anchorage Museum reserves the right to dismiss anyone without refund for any of the following or other extraordinary circumstances. Anyone under the influence of, or in possession of, alcohol or drugs will be dismissed. Inappropriate behavior including, but not limited to, consistently ignoring guidelines and any acts of aggression will be grounds for dismissal. Children outside the intended age range may be cause for dismissal.

PHOTO RELEASE

I hereby authorize the Anchorage Museum Association to photograph or videotape my child and agree that the AMA may indefinitely use or permit other persons to use the negatives, prints, or videotape prepared for such purposes and in such manner as may be deemed necessary to promote the program and the Anchorage Museum.

I certify that I have read the above provisions of this form, I understand them, and I agree to be legally bound by them. Furthermore, I acknowledge that my child/youth listed has read and agrees to abide by such standards and rules of safety, conduct and behavior.

PARTICIPANT'S NAME (PLEASE PRINT) DATE

PARTICIPANT'S SIGNATURE

SIGNATURE OF PARENT/LEGAL GUARDIAN (if participant is under 18 years)