

Penn Museum

UNIVERSITY of PENNSYLVANIA MUSEUM
of ARCHAEOLOGY and ANTHROPOLOGY

Overnight Program - Adult Waiver Form

Part I.

Group Name: _____

Program Date: _____

(Please Print) Adult Name

Home Phone

Street Address

City

State

Zip

Email Address

Work Phone (if applicable)

Minor(s) in my care - Please list the children for whom you are responsible:

1. _____
2. _____
3. _____
4. _____
5. _____

Part II.

I agree to release and forever discharge the University of Pennsylvania Museum of Archaeology and Anthropology (hereinafter "Penn Museum"), the Trustees of the University of Pennsylvania, its Officers, Overseers, 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 attendance at the Penn Museum or activity in the Penn Museum. I further agree to indemnify and hold forever harmless liability, damages, claims or causes of action made or brought by the minor(s) accompanying me or by anyone on behalf of the minor(s) as a result of or in any way connected with the minor(s) attending or participating in the program.

I acknowledge that the Penn Museum 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 Penn Museum's printed material or on the Penn Museum website or by broadcast media for educational and promotional purposes. I understand that smoking or other use of tobacco products, or consumption of alcoholic beverages while involved in Penn Museum programs in the Penn Museum is prohibited. My signature below indicates that I have read, understand, and will comply with all stipulations contained in Part II of this document. Failure to do so may result in the summary dismissal from the program of both myself and the child(ren) in my care.

Each participating adult MUST provide a completed and signed "Adult Waiver" at the time of the programming event.

Signature

Date