

Child Participant Permission Waiver

Date of the Overnight _____ Group Name _____

Child's Name _____

Medical or special considerations: _____

Emergency Contact (someone not attending the Overnight)

Name _____

Relationship _____ Phone Number _____

☐ Yes, I would like to receive more information about Field Museum programs.

E-mail _____

WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AND CONSENT

In exchange for my child or ward being allowed to participate in "Dozin' with the Dinosaurs" (the "Program") to take place at and sponsored by The Field Museum of Natural History (The "Field Museum"), I agree to bind myself and my child or ward to each of the following:

Identification of Risks. I understand that any activity involves risks of injury and loss, both to person and to property, including the possibility of permanent disability and death. I understand that this Waiver and Release of Liability is intended to address all of the risks of any kind associated with participation in any aspect of the Program, including, particularly, such risks created by actions, inactions, or negligence on the part of the Field Museum, or its respective directors, officers, trustees, employees, agents, volunteers, successors, or assigns (collectively, the "Sponsors"). **Voluntary Participation and Assumption of Risk.** I understand that participation in the Program is voluntary, and voluntarily assume personal responsibility for any injury, liability, loss or damage arising from any and all risks, known and unknown, in any way connected with participation in the Program. **Release, Waiver and Covenant Not to Sue.** I, on behalf of myself and my child or ward, release the Sponsors from, and waive, all claims. I further covenant not to sue the Sponsors for any liability, injury, loss, or damage involving my child or ward, including attorneys' fees, in any way connected with participation in the Program, whether or not caused in whole or part by the negligence or other misconduct of the Sponsors. **Indemnification.** I agree to indemnify and to hold harmless (in other words, to reimburse and to absolve from responsibility) the Sponsors from all claims for any liability, injury, loss, damage, or expense, including attorneys' fees (including cost of defending any claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with or arising out of my or my child or ward's participation in the Program, whether or not caused in whole or in part by the negligence or other misconduct of the Sponsors. **Consent to Medical Treatment.** I authorize the Sponsors to provide to me or my child or ward, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon the Sponsors to provide such assistance, transportation, or services. **Binding Effect, Severability and Applicable Law.** This instrument shall be binding upon my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of the Sponsors. If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable in part or in whole, such invalidity or unenforceability shall not otherwise affect any other provision of this instrument to the extent permissible by law. This instrument shall be governed, construed, and enforced in accordance with the law of the State of Illinois. **Photographs and Videos.** I understand and agree that photographs and videos are periodically taken of participants in the Program, and that the Sponsors may use these photographs or videos in future publications. For valuable consideration, which is hereby acknowledged, I irrevocably transfer any rights or interests that I have or may have to such photographs, videos, or parts thereof (collectively the "Images"), to the Field Museum. I waive any privacy and publicity interests which I or my child may have in such Images. I understand that the Field Museum may use, or not use, the Images at its discretion, for any lawful purpose.

THIS IS A WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AND CONSENT. I HAVE READ IT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING, AND SIGN IT VOLUNTARILY.

Parent's or Guardian's Name

Signature (Signature of Parent or Guardian if Participant is less than 18 years of age)

Date

Parent or Guardian Phone Number

Dozin' with the Dinosaurs: Web: fieldmuseum.org/overnights Email: overnights@fieldmuseum.org Phone: 312.665.7525 Fax: 312.665.7401 "ATTN Overnights" Mail: The Field Museum: Overnights 1400 S Lake Shore Dr, Chicago, IL 60605