

Child Participant Waiver Form

The Adler must recieve one form per child to participate. Please indicate on this form whether the child's parent will be attending. If you are registered to attend the overnight with a group, please submit this form to your group leader to be turned in with final payment.

If you registered with a group, please give this waiver to your group leader to submit with all of the group waivers.

Child's Name	
Group Name:	
Child's Age	
Astrovernight Date :	
Allergies/Medications/Other Special Considerations	<u>. </u>
Physician's Name	Physician's Phone
*****	*****
Parent or Guardian's Name	
Phone (day)(ever	ning)
Address	
City State	Zip
Will this child's parent/ guardian be attending the Overnight? Yes No	
If not, who is their main chaperone:	Phone (mobile):
Emergency Contact (someone not attending the overnight):	
Relationship	

I understand that by signing this form, I release the employees from responsibility for any injury incurre program.	Adler Planetarium, the Chicago Park District and theired by my child or myself during the Astro-Overnight
Parent Signature	