# Astro-Overnights at the Adler Planetarium 

## 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.
Email forms to overnights@adlerplanetarium.org, fax forms to (312) 322-9117 or mail to:
Astro-Overnights - Adler Planetarium
1300 S. Lake Shore Drive - Chicago, IL 60605
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 $\qquad$
Group Name: $\qquad$ Group Leader: $\qquad$
Child's Age $\qquad$
Astrovernight Date : $\qquad$
Allergies/Medications/Other Special Considerations $\qquad$ Physician's Name $\qquad$ Physician's Phone $\qquad$ * $k * * * * * * * * * * * * * * * * * * * * * * * * ~$

Parent or Guardian's Name $\qquad$
Phone (day) $\qquad$ (evening)

Address $\qquad$
City $\qquad$ State $\qquad$ Zip $\qquad$
Will this child's parent/ guardian be attending the Overnight? Yes $\qquad$ No $\qquad$ If not, who is their main chaperone: $\qquad$ Phone (mobile): $\qquad$ Emergency Contact (someone not attending the overnight): $\qquad$ Relationship $\qquad$
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I understand that by signing this form, I release the Adler Planetarium, the Chicago Park District and their employees from responsibility for any injury incurred by my child or myself during the Astro-Overnight program.
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