



THEMUSEUM Sleepover Waiver Form

Please Note: All participants (parents & children) must each complete a copy of this to attend the event

This permission and release must be completed and submitted for each attendee.

For each attendee 18 years and under, their parent/legal guardian must be indicated.

Attendee Name _____

Parent/Guardian Name _____

Phone _____ Cell _____ Email _____

In consideration for the Attendee's participation in THEMUSEUM's sleepover event, the undersigned hereby:

1. acknowledges and agrees that the Attendee is able and willing to participate in the event.
2. agrees to accept, abide by and obey and cause the Attendee to abide by and obey the rules and regulations of THEMUSEUM and the instructions of any of THEMUSEUM's representatives.
3. consents to videos and/or photographs being taken of the Attendee during the event and grants permission to THEMUSEUM, or to those acting under THEMUSEUM's permission or upon its authority, to reproduce, publish, or otherwise use such videos or photographs for purposes of promoting the event or THEMUSEUM in general without providing any compensation whatsoever to the Attendee for such use;
4. acknowledges that no medical or health insurance coverage is provided to or for the Attendee by THEMUSEUM;
5. agrees that THEMUSEUM and its trustees, officers, directors, employees and agents will not be liable for any injury to the Attendee or any loss or damage to the Attendee's personal property arising from, or in any way resulting from, the Attendee's participation in the event and releases and indemnifies THEMUSEUM and its trustees, officers, directors, employees and agents from any claims or damages arising from any such injury, loss or damage, unless such injury, loss or damage is caused solely by the negligence of willful misconduct of THEMUSEUM or trustees, officers, directors, employees or agents; and
6. acknowledges that visitors to THEMUSEUM are not permitted to bring alcoholic beverages into the THEMUSEUM at any time.

This document contains a release of claims. Please read it carefully before signing.

The undersigned acknowledges that she/he has received, read, understood and agreed to the above and voluntarily signed this Waiver Form.

Parent/Guardian Signature _____

Attendee Signature _____

Date _____

IDEAS TRANSCENDING OBJECTS

10 King Street West, Kitchener, ON, N2G 1A3 | 519 749 9387 | Info@THEMUSEUM.ca | THEMUSEUM.ca