

A Night at the Witte
ADULT WAIVER AND MEDICAL RELEASE FORM



Group Name: _____
Group Leader: _____

Adult's Name: _____ Age: _____
Birth Date: _____ Sex: _____ Phone: (H) _____
Address: _____ Phone: (W) _____
Zip Code: _____ Phone: (C) _____

Do you have any allergies?	To food?	Yes ___ No ___ What? _____
	To drugs?	Yes ___ No ___ What? _____
	To insect stings?	Yes ___ No ___ What? _____
	To poison ivy or other plants?	Yes ___ No ___ What? _____

Do you wear glasses or contact lenses? Yes ___ No ___
Are you epileptic? Yes ___ No ___
Are you diabetic? Yes ___ No ___
Do you have any physical condition or disability that could restrict activities?
Yes ___ No ___ Please describe: _____

IN CASE OF AN EMERGENCY please list two people who can be reached during overnight hours.

Name: _____ Phone #: _____
Name: _____ Phone #: _____

In consideration of , _____, being able to participate in the Night at the Witte program sponsored by the Witte Museum, I, the undersigned, binding my heirs, executors, administrators, estate, and assigns, do hereby release and agree not to hold liable the Witte Museum, its officers, agents, employees and volunteers, for any and all actions, claims, demands, costs, or damages as a result of property damage or personal injuries sustained by my said child, his or my property, arising from or resulting from any act of omission, negligent or otherwise, of said the Witte Museum, its officers, agents, employees, and volunteers or any other person or any other participant in the program while participating in the said activity or while traveling to and from place at which such activity will be conducted.

In the event the Witte Museum or a volunteer provides transportation for me, this Waiver and Release Form shall extend to and release the volunteer driver or the Witte Museum employee driver from any and all liability aforesaid.

I do further with the same intent bind my heirs, executors, administrators, estate, and assigns, to hereby release and agree to hold harmless any landholder or lessee of land or property onto which I may go as part of the activities of the Night at the Witte program from any and all actions, causes of action, claims, demands costs or damages or my property, arising from or resulting form any act of omission of the owner or lessee or any defect in the promises, known or unknown, or the owner or lessee.

Consent is hereby given for the applicant to attend the Night at the Witte program and permission is given for all emergency medical treatments, operation, or anesthesia, which might become necessary.

Signature: _____ Date: _____

NOTE: Museum staff is not allowed to administer any medication. If you need medication during the program, you must administer that medication.

PHOTO/IMAGE WAIVER & RELEASE

I authorize and give consent to the use of photographs or other images of me by the Witte Museum, or any of its affiliated organizations and sponsors, for publicity, advertising, or any other legitimate business purpose.

Signature: _____ Date: _____