

**THE CHILDREN'S MUSEUM OF INDIANAPOLIS (TCM)  
RELEASE FORM**

**\*\*All information provided herein will remain confidential and will only be disclosed in an emergency or medical situation.\*\***

Participant's Name \_\_\_\_\_ Participant's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian's Name(s) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Other # (cell/pager) \_\_\_\_\_

If parent or guardian listed above is unable to be reached in case of emergency, please list an alternative:

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

**Participation in Program Activities**

I acknowledge that I have been briefed in detail about the program and the projected activities, am aware of the risks involved and that all my questions have been answered. I give permission for Participant to participate in any/all activities of \_\_\_\_\_ (list activity name) on \_\_\_\_\_ (please list beginning and ending dates if more than one day).

Please describe in detail any and all specific activity restrictions for Participant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I also understand that all objects obtained in the activities, other than those objects purchased directly by Participant with Participant's funds, will become the property of TCM, unless otherwise determined by a TCM representative and documented as such by TCM in writing.

**Physical or Medical Information**

Does Participant have any physical or medical conditions (dietary restrictions, asthma, diabetes, attention deficit disorder, allergies to any known substances, etc.) of which TCM should be aware, and which may affect his/her participation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TCM cannot be held responsible for the storage or administration of medication, prescription or otherwise, to any Participant for any reason.** If, despite the foregoing warning and disclaimer, Participant's parent or legal guardian desires that Participant be allowed to participate in any TCM activity and Participant is allergic to insect stings or may require any medication, the following information is required from Participant's parent or guardian prior to Participant's participation. So that TCM may give the information to medical care providers in an emergency, please provide any and all information regarding allergies, as well as prescription or other medication needed by Participant, along with specific instructions for the time and manner of administering any care or medication:

\_\_\_\_\_  
\_\_\_\_\_

I/We give permission to TCM, in the event of an accident or injury, to attempt to notify family, to secure emergency medical attention, and to disclose information included in this Release Form as TCM deems necessary to secure such emergency medical attention.

Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Health Insurance Carrier (policy holder, plan, ID#)

**\*Attach copy of health card, if available**

Participant is fully immunized and inoculated as required by law, including Tetanus boosters and, to the best of my knowledge, does not have any communicable diseases that have not been disclosed in this Release Form.

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**Behavior**

Participant and I fully understand and accept that any Participant involved with drugs, alcohol, tobacco, physical violence, leaving TCM or site premises without permission, or any other infraction deemed serious at the sole discretion of the TCM-appointed supervisor, will immediately be dismissed from the program. Such supervisor or Museum designated representative will then notify the indicated parent or guardian(s) to remove the Participant from the premises. In the event this occurs, Participant will forfeit any participation fee paid.

**Hold Harmless and Limitation of Liability**

On behalf of myself and Participant, I acknowledge that by signing this Release Form:

I/We agree to hold harmless TCM and its employees and agents for all damages and injuries caused by an accident or act other than the intentional misconduct of an employee or agent of TCM. I/We agree that any lawsuits that may arise as a result of this program will be litigated in Marion County, Indiana. TCM cannot guarantee the safety of any individual, but will take reasonable measures based on information in TCM's possession. I/We have been encouraged to obtain independent information regarding any aspect of this program, including any safety or security concerns.

**By signing this document, I acknowledge, understand and agree to all terms, on behalf of myself and Participant, and verify that all information provided herein is accurate.**

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

**If Participant is the age of 18 or over, this release form may be signed solely by the Participant.**

SIGNATURE OF PARTICIPANT \_\_\_\_\_ Date \_\_\_\_\_

**If there are any changes to the above information at any time, please contact TCM at 317-334-3322 ASAP with updated information, such as emergency contact information, etc.**

**Optional:** I hereby grant TCM unlimited permission to reproduce, use, display publicly, distribute, publish and republish in the furtherance of TCM's business, including but not limited to exhibits, websites and other displays, in any media whatsoever, Participant's and/or my likeness, voice and written words with or without the use of Participant's or my name and without compensation. Initial indicating consent: \_\_\_\_\_