SENATOR JOHN HEINZ
HISTORY CENTER
IN ASSOCIATION WITH THE SMITHSONIAN INSTITUTION

Scout Leader: All participants –Scouts, siblings of Scouts, and adults - in one of Senator John Heinz History Center's Night at the History Museum events must have a completed **Waiver of Liability**. These signed waivers must be turned into the Night at the History Museum Coordinator upon arrival for the event. Please make as many copies of the waivers as needed for your group. A Scout and his or her parent or legal guardian may use the same sheet.

WAIVER OF LIABILITY FOR A MINOR

I am the parent or legal guardian of _____ (the "Participant"), who has my permission to participate in all programs and activities in the Senator John Heinz History Center's Night at the History Museum (the "Event"). I consent to the Participant's participation in the Event and assume all risks in connection with the Event. Participating in any activity is an acceptance of some risk of injury and I agree that the Participant is primarily dependent on his/her taking proper care of him/herself. Accordingly, in consideration of the History Center's allowing the Participant to participate in the Event, I hereby release the History Center, its officers, directors, employees, agents, and volunteers from any and all claims, causes of action, injuries, damages and liabilities of any nature whatsoever arising out of or relating to participation in the Event. I further understand and attest that the group leader has my permission to authorize medical treatment for the Participant should an emergency occur at this Event.

_____ _____ _____

Signature Printed Name Date

WAIVER OF LIABILITY FOR AN ADULT

I hereby acknowledge my participation in all programs and activities in the Senator John Heinz History Center's Night at the History Museum (the "Event"). I recognize and acknowledge that participation in the Event necessarily involves the risk of accident, personal injury and/or property damage. I agree to participate in the Event and assume all these risks in connection with the Event. Participating in any activity is an acceptance of some risk of injury and I agree that I am primarily responsible for taking proper care of myself. Accordingly, in consideration of the History Center's allowing me to participate in the Event, I hereby release the History Center, its officers, directors, employees, agents, and volunteers from any and all claims, causes of action, injuries, damages and liabilities of any nature whatsoever arising out of or relating to my participating in the Event. I further understand and attest that the group leader has my permission to authorize medical treatment for me should an emergency occur at this Event.

_____ _____ _____

Signature Printed Name Date