



Scout Overnight Participant Release Form

This document contains a release of claims. Please read it carefully before signing. One signed Participant Release Form per family/household is required for participation in New England Air Museum Overnights. Please bring a signed copy of this form with you to your Overnight and present it at check-in.

Overnight Date: _____

Scout(s) Name(s): _____

Parent(s)/Guardian(s) Name(s): _____

Address: _____

Phone: _____

In consideration of being allowed by the Connecticut Aeronautical Historical Association DBA New England Air Museum ("NEAM") to participate in the Scout Overnight (the "Program") at the New England Air Museum, I hereby agree that:

- I/my child have read the Scout Overnight Policies and agree to accept and abide by them and to comply fully with the instructions provided by NEAM representatives while participating in the Program.
- I understand that I/my child may be videotaped or photographed during the Program. On behalf of myself/my child, I grant NEAM without cost of a royalty-free perpetual license to use my/my child's image(s), name(s), likeness(es), and voice(s) for any NEAM purpose, including, but not limited to, exhibitions, research, publications, educational, archival, and public relations purposes, as well as informational programming and notices regarding the Program in print or on the NEAM internet web site.
- I understand that neither medical care nor medical/health insurance coverage is supplied by NEAM and that I am responsible for all insurance coverage.
 - I will be responsible for any injury or damage I/my child causes to NEAM, another party, or their property. I understand and expressly assume the risk of any and all damage, injury, or death which may occur to me/my child or my/my child's property.
- On behalf of myself/my child and my/my child's family, heirs, estate, personal representatives or assigns, I agree to release, hold harmless, and covenant not to sue the Connecticut Aeronautical Historical Association DBA New England Air Museum, its Regents, officers, employees, and agents from any and all liability for personal injury, death, property damage, or loss of any kind or nature whatsoever (whether caused by negligence or otherwise), arising directly or indirectly in connection with my/my child's participation in the Program. This release will be construed according to federal law and the law of Connecticut.
- I understand that visitors are not allowed to bring alcoholic beverages into the Museum at any time.

I acknowledge that I have received, read, understood, and agreed to the above and I voluntarily sign this Participant Permission and Release agreement.

Undersigned:

Print Name

Signature