



**INDIANA STATE MUSEUM PROGRAM
PARTICIPANT AGREEMENT**

State Form 56590 (10-18)
INDIANA STATE MUSEUM AND HISTORIC SITES

INDIANA STATE MUSEUM AND HISTORIC
SITES CORPORATION
650 West Washington Street
Indianapolis, IN 46204
Telephone: (317) 232-1637
Fax: (317) 234-1724

PARTICIPANT INFORMATION

| | | | |
|--|-------------------|---------------------|----------------------|
| Participant's Name | | | |
| Participant's Birth Date (<i>month, day, year</i>) | Participant's Age | Participant's Grade | Participant's Gender |
| Participant's School District | | | |
| Name of Program Attending | | | |

PARENT/GUARDIAN INFORMATION

| | | |
|--|---------------------|-----------------|
| Parent / Guardian Name | | |
| Address (<i>number and street, city, state, ZIP</i>) | | |
| Primary Telephone | Secondary Telephone | Other Telephone |
| E-mail Address | | |

ALTERNATIVE PICKUP AUTHORIZATION

All parents, guardians, or authorized persons picking up a Participant will need to present a photo ID.

| | |
|--|-----------------------|
| Name of Authorized Person 1 | Relationship to Child |
| Name of Authorized Person 2 | Relationship to Child |
| Name of Authorized Person 3 | Relationship to Child |
| Is there a person/persons who may <u>not</u> pick up your child? | |

PHOTO/VIDEO AUTHORIZATION

I authorize the Indiana State Museum and Historic Sites Corporation ("Museum") to take, own, and use without payment, any images, moving images, or video footage of my child for public relations, marketing, advertising, or internal training purposes during his/her participation in the Museum's program.

Yes No

| | | |
|------------------------------|--------------------------------|----------------------------------|
| Signature of Parent/Guardian | Parent/Guardian's Printed Name | Date (<i>month, day, year</i>) |
|------------------------------|--------------------------------|----------------------------------|

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PROGRAM RULES

1. I will only leave the program area, the Indiana State Museum, and/or the State Historic Site with Museum employees or an Authorized Person.
2. I will respect fellow participants and teachers.
3. I will participate in all activities to the best of my ability
4. I will act in a safe and responsible manner.
5. I will have fun!

Please sign below to acknowledge that you have read and reviewed these Rules with your child.

Signature of Participant

Signature of Parent / Guardian

AGREEMENT AND ASSUMPTION OF RISKS

THIS AGREEMENT ("Agreement") is made effective as of the date signed below by and between the Indiana State Museum and Historic Sites Corporation ("Museum"), 650 W. Washington St., Indianapolis, IN 46204, and the parent/guardian/legal representative of _____ ("Child"), both of whom are referred to herein individually as a "Party" and collectively as the "Parties."

ASSUMPTION OF RISKS. I expressly assume all risk associated with my Child participating in the Museum's Program ("Program"). I understand that my Child may participate in activities including but not limited to tours, hands-on activities, and outdoors activities while attending the Museum's Program. I understand that the Museum has the right to remove my Child from the Program location if he/she does not abide by instructions, written or verbal, given by Museum employees.

HOLD HARMLESS. I expressly agree to hold harmless, release, defend, and indemnify the Museum and its subsidiaries, affiliates, directors, officers, employees, and agents from any and all liability and/or claims that may arise from my Child's participation in the Program or through negligent acts or omissions that occur during my Child's participation in the Program.

I expressly agree to hold harmless, release, defend, and indemnify the Museum and its subsidiaries, directors, officers, employees, and agents from any and all liability and/or claims that may arise in the event that my Child causes harm, loss, or damage to other persons or property.

AMENDMENT. This Agreement shall be binding unto the Parties hereto, their respective heirs, successors, and assigns. If any portion of this Agreement is held invalid or unenforceable, all other provisions will remain valid and enforceable independently.

By signing below, the Parent/Guardian acknowledges that he/she has read this Agreement and accepts its terms.

Signature of Parent / Guardian

Parent / Guardian's Printed Name

Date (month, day, year)