

Welcome to the Smithsonian! We're pleased that your child or ward ("child") can participate in the NMNH Earth Optimism Teen Event. Please complete this form for your child to participate and authorize the Smithsonian to allow your child to depart by themselves.

| General Information about your Child | | |
|---|---|--|
| Child's Name | Date of Birth | Age |
| Emergencies If an emergency arises, the Smithsonia designate below. You authorize the Smithsonian to during an emergency. In a medical emergency, you emergency medical treatment for your child, and your expense. | take the necessary step authorize the Smithsoni | s to ensure your child's health and safety an and its employees and agents to seek |
| Emergency Contact Name | Relation to child | Phone |
| Name of Alternate Person Emergency Contact | Relation to child | Phone |
| Child's Likeness You understand and agree that the Your child may be photographed, videotaped, audio documented. You agree that the Smithsonian may archival, or other standard museum or non-profit p without compensation and without time limitations right to third parties that the Smithsonian deems at the program. You acknowledge that the Smithsonia them available to third parties. | otaped or otherwise hav use such images and reco purpose, worldwide, in ar s. You also agree that the ppropriate, in conjunctio | e his or her likeness and voice recorded or ordings for any educational, promotional, my media now known or later developed, e Smithsonian may, in turn, grant the same n with the Smithsonian's activities related to |
| Meals/Refreshments Participants will be provided will take account of the allergies you list on this for NOT a nut-free program. | | |
| Please describe any allergies (e.g., food, bee sting | s, medication, environm | ental) or dietary restrictions: |
| General Waiver of Liability I, on behalf of myself ar death or injury sustained or caused by my child. To harmless the Smithsonian and its agents and emploses arising from my child's participation in the prog | the extent permitted by byees from any and all lia | law, I agree to release, waive, and hold |
| I am the parent or legal guardian of | omplete and accurate to o the terms and conditio | the best of my knowledge. In consideration ns contained in this Registration and I grant |
| Signature: | | |
| Drinted name: | | Date |