

Welcome to the Smithsonian! We're pleased that your child or ward ("child") can participate in Teen Night Out. Under Smithsonian supervision, your child will attend a teen science night for local high school students. 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
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Emergencies If an emergency arises, the Smithsonian will attempt to contact you first and then the alternate person you designate below. You authorize the Smithsonian to take the necessary steps to ensure your child's health and safety during an emergency. In a medical emergency, you authorize the Smithsonian and its employees and agents to seek emergency medical treatment for your child, and you authorize medical personnel to provide emergency medical treatment to your child at your expense.

Emergency Contact Name	Relation to child	Phone
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Name of Alternate Person Emergency Contact	Relation to child	Phone
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Media Release In consideration of your child's participation in the program, you agree to the following: Release for your Child's Likeness You understand and agree that the Smithsonian may record your child's participation in the program. Your child may be photographed, videotaped, audiotaped or otherwise have his or her likeness and voice recorded or documented. You agree that the Smithsonian may use such images and recordings for any educational, promotional, archival, or other standard museum or non-profit purpose, worldwide, in any media now known or later developed, without compensation and without time limitations. You also agree that the Smithsonian may, in turn, grant the same right to third parties that the Smithsonian deems appropriate, in conjunction with the Smithsonian's activities related to the program. You acknowledge that the Smithsonian is not required to use your child's images or recordings or to make them available to third parties.

Meals/Refreshments Participants will be provided with pizza, drinks, and assorted snacks. Food served by program Staff will take account of the allergies you list on this form. The Smithsonian is NOT a nut-free facility and Teen Night Out is NOT a nut-free program.

Please describe any allergies (e.g., food, bee stings, medication, environmental) or dietary restrictions:

General Waiver of Liability I, on behalf of myself and my child, assume full responsibility for any risk of loss, damage, death or injury sustained or caused by my child. To the extent permitted by law, I agree to release, waive, and hold harmless the Smithsonian and its agents and employees from any and all liability for personal injury, death, damage, or loss arising from my child's participation in the program.

I am the parent or legal guardian of _____ ("my child"). I believe the information provided on this Registration form is complete and accurate to the best of my knowledge. In consideration of my child's participation in the program, I agree to the terms and conditions contained in this Registration and I grant permission for my child to participate fully in the program under the terms and conditions described above.

Signature: _____

Printed name: _____ Date _____