DENVER MUSEUM OF NATURE & SCIENCE
RELEASE FROM LIABILITY

Dear Participant or Parent/Guardian of a Minor Child Participant:

You or a child you are responsible for is enrolled to participate in an education program sponsored by the Denver Museum of Nature & Science. The program is described as follows:

MUSEUM CAMP-IN

Attached to this Release From Liability is a Medical Information Form. It is imperative that you fill out the Medical Information Form completely and carefully. It is your responsibility to inform the Museum about any medical condition(s) that may affect in any way your ability, or that of the Minor Child Participant, to participate in the program.

By signing this Release From Liability, you are waiving your right, or the right of the Minor Child Participant you represent, to hold the Denver Museum of Nature & Science liable for any injury or loss suffered by you or that Minor Child Participant during the program. This means that by signing this Release From Liability, you are giving up the right to make demand upon the Denver Museum of Nature & Science for payment of any damages suffered by you or the Minor Child Participant during the program, whether such damages are caused by physical injury, loss of property, acts of a third party, or any other cause of whatever description.

In the event that the signatory below is a parent or guardian of a Minor Child Participant, by signing this Release From Liability, you represent that you are the legally recognized parent or guardian of the Minor Child Participant, whose name is _____________________________________________, and that you release the Museum, as set forth in this agreement, from any liability for any damage or injury suffered by that Minor Child while participating in the described program.

THIS RELEASE FROM LIABILITY MUST BE SIGNED AND RETURNED TO THE MUSEUM AT CHECK-IN.

AGREED to this _______ day of ____________, 20__

By:____________________________________________
   Parent and/or Guardian

By:____________________________________________
   Participant (if adult)