



(OVER)NIGHT at the MUSEUM FAMILY RELEASE FORM
2019-2020 Season

1st Child's Name: Birth Date: Sex: Age:

2nd Child's Name: Birth Date: Sex: Age:

3rd Child's Name: Birth Date: Sex: Age:

1st Attending Parent/Guardian:

Day Phone #: Evening or Cell Phone #:

Home Address:

2nd Attending Parent/Guardian:

Day Phone #: Evening or Cell Phone #:

In case of emergency, please list a person, other than parents, who can be reached during overnight hours.

Name:

Phone #:

Relationship:

Please list any special conditions (allergies, special medications, diet restrictions, etc.)

I understand in the event of an emergency, the Buffalo Museum of Science, under its discretion, may call 911.

I, the undersigned, am parent/legal guardian (circle one) of. I hereby release the Buffalo Museum of Science and its directors, management, and employees of all responsibility for damages, injuries, deaths, losses, delays or cancellations due to any reason whatsoever in conjunction with the Camp-In Program.

Signature of Parent/Legal Guardian

Date