Smithsonian Sleepover Participant Permission and Release - 2026

Welcome to the Smithsonian Institution! We're pleased that you and your child or ward ("child") can participate in the Smithsonian Sleepover at American History Museum. One permission and release must be filled out and submitted for your group and presented at check-in (A group being one adult and 5 children). At least one parent or legal guardian of a child in your group must chaperone the entire group.

Email completed and signed forms to info@smithsoniansleepovers.org – thank you!

Name of person who purchased tickets: _____
Date of the Sleepover: _____

1. General Information about your Child

Child 1 Name_____

Child 2 Name_____

Child 3 Name _____

Child 4 Name_____

Child 5 Name _____

2. General Information about You (Chaperone)

Parent or Legal Guardian
Home Address: _____ City: _____ State: _____
Country: _____ Postal/Zip Code: _____
Email: _____
Home Phone: ( ) _____ Cell Phone: ( ) _____
Work Phone: ( ) _____

Local Address during program (if different from Home): _____
Local Phone if different from Home: ( ) _____

I am the parent and/or legal guardian of _____.
I agree to serve as the entire group's chaperone for the group's participation in the Smithsonian Sleepover at American History Museum.

3. Media Release

In consideration of being allowed by the Smithsonian Institution (the "Smithsonian") to participate in the Smithsonian Sleepover at American History Museum, I, on behalf of myself and my child, hereby agree that:

The Smithsonian may record my/my child's participation in the program. I/my child may be photographed, videotaped, audiotaped, or otherwise have my, his, her, or their likeness and voice recorded or documented ("Recordings"). I, on behalf of myself and my child, agree that the Smithsonian may use 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.

I, on behalf of myself and my child, 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. I acknowledge that the Smithsonian is not required to use my/my child's images or recordings or to make them available to third parties.

For the avoidance of doubt, these releases cover use of my/my child's image, statements, and activities on Smithsonian websites and social media platforms on which the Smithsonian has a presence (e.g., Facebook, Instagram, Twitter, YouTube, Google Classroom). I understand that these materials could be further disseminated by others and/or associated with comments that I disagree with or find objectionable. I acknowledge that the Smithsonian has no control over and shall not be responsible for the activities of social media platforms, their users, or other members of the public.

4. Program Conditions

The Smithsonian reserves the right to remove from its programs anyone whose conduct, as determined by the Smithsonian, violates the program's rules, disrupts Smithsonian operations, or otherwise fails to abide by the Smithsonian's stated instructions for health, safety, or preservation of property. We encourage you to review with your child any program-specific participation rules provided for this program.

Further, the Smithsonian has adopted new safeguards due to the coronavirus, an infectious disease, which include capacity limits, facial coverings, social distancing, hygiene, and vaccinations. A condition of this program is that all participants comply, at their own cost and expense, with Smithsonian safeguards or instructions in connection with the coronavirus. The Smithsonian reserves the right to modify its precautions as circumstances require.

5. Meals/Refreshments

Participants will be provided with an individually wrapped evening snack which may include cookies, fruit, animal crackers, juice, and water.

No outside food or beverage will be allowed, except if a participant has severe food allergies or specific dietary needs. You acknowledge that the Smithsonian cannot control what food may be brought or shared by other participants. The Smithsonian is NOT a nut-free facility and the Smithsonian Sleepovers at American History Museum is NOT a nut-free program.

6. 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, illness, death, damage, or loss arising from my child's participation in the program.

Further, I acknowledge that the Smithsonian has adopted new safeguards due to coronavirus-19, an infectious disease. Despite these measures, the risk of exposure to or contraction of coronavirus could increase by participating in the Smithsonian Sleepovers at American History Museum. To the extent permitted by law, I voluntarily assume all risks to myself, my household, and family, related to exposure to or contraction of coronavirus, and hold the Smithsonian harmless from and waive any and all tort claims arising from the

Smithsonian Sleepovers at American History Museum that are related in whole or in part to coronavirus.

7. Signature

I believe the information provided on this Registration form is complete and accurate to the best of my knowledge. In consideration of my/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. I/my child have read the Rules of Conduct and FAQs (available at https://smithsoniansleepovers.org/) and agree to accept and abide by them and to comply fully with the instructions provided by the Smithsonian's representatives while participating in this program. I hereby authorize _____ to serve as my child's chaperone for the program.

Parent or Legal Guardian (Chaperone):

Signature: _____

Printed Name: _____

Date: _____

Parent or Legal Guardian (Child 2):

I am the parent or legal guardian of _____

Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Office Phone: _____ Email: _____

Signature: _____

Printed Name: _____

Date: _____

Parent or Legal Guardian (Child 3):

I am the parent or legal guardian of _____

Home Address: _____
City: _____ State: ____ Zip: _____
Home Phone: _____ Cell Phone: _____
Office Phone: _____ Email: _____

Signature: _____

Printed Name: _____

Date: _____

Parent or Legal Guardian (Child 4):

I am the parent or legal guardian of _____

Home Address: _____
City: _____ State: ____ Zip: _____
Home Phone: _____ Cell Phone: _____
Office Phone: _____ Email: _____

Signature: _____

Printed Name: _____

Date: _____

Parent or Legal Guardian (Child 5):

I am the parent or legal guardian of _____

Home Address: _____
City: _____ State: ____ Zip: _____
Home Phone: _____ Cell Phone: _____
Office Phone: _____ Email: _____

Signature: _____

Printed Name: _____

Date: _____