



**THE PEGGY NOTEBAERT  
NATURE MUSEUM**

*The Museum of the Chicago Academy of Sciences*

## **Bunking with the Butterflies Overnight**

### **PARTICIPANT AGREEMENT AND RELEASE FORM**

#### **ONE FORM PER PERSON (Adults and Children)**

#### **Each person must present their completed form at check-in.**

As a participant of the Bunking with the Butterflies Overnight (the Program) at the Peggy Notebaert Nature Museum, I hereby agree that:

- The Peggy Notebaert Nature Museum shall have exclusive right to establish and modify standards of safety, conduct and behavior of all participants in the Program, and requires strict compliance with the standards as a condition for continued participation in the Program.
- The Peggy Notebaert Nature Museum, its affiliates, officers, directors, employees, and other individuals acting on its behalf are hereby released by the participant from any and all claims, suits, losses, or damages resulting from or arising out of the activities of and the participant's participation in the Program. This release includes, but is not limited to, any injury or loss sustained during or from participation in the Program. This release will apply to the above-mentioned releasing and released parties, and their respective heirs, executors, legal representatives, successors and assigns.
- Also, it is understood that neither medical nor health insurance coverage is supplied by the Peggy Notebaert Nature Museum and that the participant is responsible for all insurance coverage.
- I understand that video production and/or photography may be conducted during the Program. I fully grant to the Peggy Notebaert Nature Museum and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, or otherwise use the participant's photographic likeness and irrevocably consent thereto.

I acknowledge that I received, read, understood and agreed to the Participant Agreement above for the Bunking with the Butterflies Overnight at the Peggy Notebaert Nature Museum. I do furthermore acknowledge that all children and youth who I represent (named below) understand the Participant Agreement.

Check one:      \_\_\_\_\_ Adult      \_\_\_\_\_ Child/youth (under 18)

\_\_\_\_\_  
PARTICIPANT'S NAME (Please Print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN (if participant is under 18 years)