



SLEEPOVER AT THE NATIONAL ARCHIVES CONSENT AND RELEASE

This form is submitted in order to be allowed by the National Archives and Records Administration (“NARA”) and the National Archives Foundation (“the Foundation”) (NARA and the Foundation collectively referred to as “the Host”) to participate in a Sleepover at the National Archives (“the Program”) under the following terms:

I understand that Host staff and volunteers shall lead all activities and that I/the minor agree to comply fully with their instructions. I am aware that, as the parent, legal guardian or chaperone of the minor, that I am required to stay with the minor at all times during the event.

- I understand that photographs or videos of the minor and I may be taken by the Host during the Program. I hereby grant the Host a perpetual, royalty-free license to use my/the minor’s image(s), name(s), likeness(es), and voice for any purpose deemed appropriate by the Host, including, but not limited to, exhibits, research, publications, educational, archival, and public relations purposes, as well as informational programming and notices regarding the Program on the Host’s web site and social media.
- I understand that I will be responsible for any injury or damage I/the minor cause to the Host, including damage to personal property. I understand and expressly assume the risk of any and all damage or injury, including death, that may occur to me/the minor, or me/the minor’s property.
- I understand and acknowledge the minor’s participation in the Program and I hereby waive, on behalf of myself/the minor, and our heirs, any and all claims or potential claims against the Host and the Host’s employees, officers, directors, volunteers, principals, and agents, including claims for personal injury, death, property damage, or other loss, arising directly or indirectly from my/the minor’s participation in the Program, whether caused by negligence or otherwise.
- I hereby agree to indemnify and save and hold harmless the Host, its employees, officers, directors, volunteers, principals, and agents from any loss, liability, claim, obligation, damage, or cost, which in any way arise out of or for in connection with my participation in the Program. I hereby assume liability for any loss or damage or any other liability arising from or related to my participation.
- I/the minor have read the rules of conduct set forth on archivesfoundation.org/sleepover/rules, and agree to abide by these rules during the Program, as well as all applicable federal laws and regulations. The Host reserves the right to ask you and the minor to leave should you fail to follow the Host’s instructions, rules, or guidelines.
- I acknowledge that I have received, read, and understood and agreed to the above terms, and voluntarily sign this Consent Form and Release; that no oral representations, statements or inducements apart from the foregoing written agreement have been made; and that I am at least 18 years of age and have the legal capacity to enter into this agreement.

Minor’s Name (please print): _____ Age: _____

Name: _____ Date: _____
Parent or Legal Guardian (please print)

Parent or Legal Guardian’s Signature: _____ D.O.B: _____

Address: _____ Phone: _____ Cell: _____

City: _____ State: _____ Zip: _____

PAPERWORK REDUCATION ACT PUBLIC BURDEN STATEMENT

A Federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. The OMB Control No. for this information collection is 3095-0043. Public burden reporting for this collection of information is estimated to be ten minutes per response, including time for reviewing instructions and completing the form. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.