

Texas Children's Museum

Participant Permission and Release

This form **must be filled out and submitted for every participant** (adult and child) and presented at check-in. This document will be valid for one year. Parent or Guardian signing this document attests that he or she has permission to represent all participants listed below. This document will be kept secure as it contains personal private information. No information from this document will be released to any entity outside Texas Children's Museum.

(Please Print Legibly)

Parent/Guardian Name: _____

(Check One) (Child requires DOB)

Participant's Names: _____ Adult or Child (DOB) ____/____/____

_____ Adult or Child (DOB) ____/____/____

_____ Adult or Child (DOB) ____/____/____

_____ Adult or Child (DOB) ____/____/____

_____ Adult or Child (DOB) ____/____/____

_____ Adult or Child (DOB) ____/____/____

_____ Adult or Child (DOB) ____/____/____

What city are you visiting from today? _____

(Why do we ask this? To help us focus and determine the effectiveness of our limited marketing efforts)

Email Address: _____

(Why do we ask for your contact information? To contact you a couple of times per year and let you know about upcoming events at the museum)

Phone: (circle one) (Home) (Cell) (Business): (_____) _____ - _____

In consideration of being allowed to participate in the spaces provided by the Texas Children's Museum located in Rio Vista, Texas,

I hereby agree that:

- I agree to accept and abide by the rules and regulations of the Texas Children's Museum as established by the Museum and to obey the direction of the museum's representatives. I understand that failure to follow these rules by myself or others in my party is grounds for the entire party being asked to leave the museum. Repeated and/or willful disobedience of the rules may be grounds for further civil or legal action.
- I understand that video production and/or photography may be conducted during our visit here. I grant full and irrevocable consent to the Texas Children's Museum and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, or otherwise use my photographic likeness.
- I understand that neither medical nor health insurance coverage is supplied by the Texas Children's Museum, and that the participant is responsible for all insurance coverage.
- I understand and expressly assume the risk of any and all damage, injury, death, illness, or harm which may occur to me or my property.
- I forever release and discharge the Texas Children's Museum, its officers, directors, employees, agents, assigns, and insurers from any and all claims or liability arising out of or in connection with my and/or my child's participation in the museum. This release includes libel, invasion of privacy, negligence, or other fault that result in personal injury, death, or property damage during or in connection with the above program or activities. This release will be construed according to the law of the state of Texas. This Permission and Release shall inure to the benefit of licensees and assigns of the Museum, and shall be binding upon myself and/or my child, spouse, and my/his/her heirs, estate, personal representatives, and assigns.
- I understand that visitors are not allowed to bring alcoholic beverages onto the property of the Museum at any time, nor is smoking allowed on the property.

This document contains a release of claims. Please read it carefully before signing. I acknowledge that I have received, read, understood, and agreed to the above and I voluntarily sign this Participant Release agreement. If you would like a copy of this document please ask a museum representative.

Undersigned:

Print Name

_____, 2025
Date

Signature