Museum of Aviation Education Program

Liability Waiver & Release Sign In/Out Form for 6-12th Graders

Camp/Program Title: _____

Week/Date: _____

(Student Name)

_____

has my permission to sign in and out independently of the National STEM Academy's Program. I understand that by doing so, the Museum of Aviation Foundation will *only* be responsible for the student during program hours. This form must be completed in its entirety before the student will be granted permission to check out independently.

Student must check out with the instructor before exiting their assigned classroom. The student should promptly reunite with their parent or guardian and avoid lingering on the Museum of Aviation Campus.

Thank you so much for your time and attention to this Museum of Aviation Foundation policy. We understand that special circumstances arise, please communicate these to one of our staff members.

Student Grade (Rising 6th thru 12th grades only):_____

Student Cell Phone: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____ Phone Number: _____