



# Liability Waiver & Release for Rising 6<sup>th</sup>-12<sup>th</sup> Grades

Program Title: \_\_\_\_\_

Date(s): \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Cell: \_\_\_\_\_

Grade: \_\_\_\_\_

The participant listed has my permission to sign in and out independently of the Museum of Aviation Foundation’s education programs. 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.

Participant must check out with the instructor before exiting their assigned classroom. The participant 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.

Parent/Guardian: \_\_\_\_\_  
(Printed Name)

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(Signature)

Parent/Guardian Cell: \_\_\_\_\_



Scan for Education Policies & Procedures

