



Annapolis Maritime Museum & Park – Permission Slip

Child's Name: _____	Date of Birth: _____
Emergency Contact: _____	Phone Number: _____
School Name: _____	
Second Emergency Contact (name and number): _____	

MEDIA RELEASE:

I agree to grant the Annapolis Maritime Museum & Park and supporting partners permission to use my child's comments, voice, photographs, and/or video images, or any combination thereof in print and electronic media ventures by the Annapolis Maritime Museum & Park including on websites and TV stations. Yes No

MEDICAL RELEASE: *Please read and sign the following*

I hereby grant permission for (child's name) _____ to take part in an education program provided by the Annapolis Maritime Museum & Park (AMM). I understand that the AMM education program may include being on a boat, on a dock, or other water-related activities. I hereby release the AMM from any responsibility for injury which might occur as a result of participation in AMM programs except for those determined to be a result of gross negligence on the part of the AMM. In the event of an emergency, AMM staff will notify the emergency contact. In an emergency, I also give permission to authorized personnel to carry out first aid and contact the local hospital. I understand that any medical expenses will be billed directly to me or my insurance company.

Parent/Guardian Signature

Date