



**National Baseball Hall of Fame & Museum, Inc.
Extra Innings Overnight Program Release Form**

All campers are required to bring a completed release form at the time of check in.

Name of Child: _____

Birth Date: _____ Sex: _____ Age: _____

Parent/Guardian: _____

Group Name: _____

In case of emergency, please list a person who can be reached during the date of your overnight.

Name: _____ Phone: _____ Relationship: _____

I have listed below any allergies or temporary/permanent medical conditions, medications, dietary restrictions or other special conditions concerning by child _____

I understand that the Hall of Fame requires that one adult be present for every four children. I will not be present and have assigned the following chaperone for the child named above and the chaperone has agreed to assume responsibility for my child's behavior.

Chaperone (Print Name): _____

I acknowledge I that have read the Frequently Asked Questions packet for the *Extra Innings* Program and am aware that supper should be eaten *before* checking in and that no outside food or drink is permitted into the NBHOF museum.

I agree that, if my child is involved in any type of emergency, the Hall of Fame, in its discretion, may call 911, provide or obtain other medical treatment or assistance or take other actions as the Hall of Fame determines is necessary or appropriate to assist my child. I agree and acknowledge that I will be responsible for all costs associated with any treatment or assistance provided to my child.

In consideration of the Hall of Fame's allowing my child(ren) to participate in the *Extra Innings Overnight* Program, I assume all risks arising from such participation. I (on behalf of myself, spouse, child(ren), and heirs) hereby irrevocably release the Hall of Fame (its directors, officers, employees, agents, and representatives) from any claim, cause of action, liability, damage, and loss of every kind and nature whatsoever, known or unknown, that I now have or every may have (including bodily and other personal injury, disability, death or property damage) arising from participation. I acknowledge that the Hall of Fame makes no representations or warranties about the skills or competency of any individual participant in any activity.

I further agree to indemnify the Hall of Fame (its directors, officers, employees, agents, and representatives) from any liability damage, loss or expense (including reasonable attorneys' fees) arising from any claim, cause of action, liability damage, loss, and expense (including reasonable attorneys' fees) which may be caused by my or my child(ren)'s negligence or willful misconduct.

I agree that the Hall of Fame may take photographs, videotapes and audiotapes (collectively "Photos") of my child(ren) during the *Extra Innings* Program and irrevocably grant the Hall of Fame the worldwide right to reproduce, distribute, create derivative works of, publicly display and perform the Photos in any medium now known or later developed in connection with its educational and charitable activities (including for promotional, advertising and fundraising purposes) and hereby irrevocably release the Hall of Fame (its directors, officers, employees, agents, and representatives) from any claim of any kind and nature whatsoever, known or unknown and however characterized, that I now have or every may have with respect to such use, including claims of rights of privacy and publicity, false light, libel, defamation and copyright.

This release is governed by the laws of the State of New York without regard to its conflicts of law principles and may not be modified without the prior written consent of the Hall of Fame.

I confirm that I am the parent/legal guardian (circle one) of the child(ren) named above, I agree to all of the terms of this release, and I have disclosed all pertinent information concerning my child(ren):

Print Name: _____

Signature: _____

Address: _____

Date: _____

Telephone: _____ Cell Phone: _____