

SLEEPOVER AT THE NATIONAL ARCHIVES CONSENT AND RELEASE CHAPERONES ONLY

***Please fill out the following only if the minor will be accompanied
by an adult who is not his/her parent or legal guardian:***

I, the parent or legal guardian for the minor listed below, has approved for the Chaperone listed below to take my child who is under the age of 18 to the Sleepover at the National Archives:

Minor's Name (please print): _____ Age: _____

Name: _____ Date: _____
Parent or Legal Guardian (please print)

Parent or Legal Guardian's Signature: _____ D.O.B: _____

Address: _____ Phone: _____ Cell: _____

City: _____ State: _____ Zip: _____

I, the Chaperone, acknowledge that I have read and voluntarily sign this Consent Form and Release; that no oral representations, statements or inducements apart from the foregoing written agreement have been made; and that I am at least 18 years of age and have the legal capacity to enter into this agreement.

Chaperone's Name (please print): _____

Chaperone's Signature: _____ D.O.B: _____

Address: _____ Phone: _____ Cell: _____

City: _____ State: _____ Zip: _____