



Tennessee Aquarium

IMAX® 3D Theater

Environmental Learning Lab

**Group Leader:** Each participant in your **Sleep in the Deep** event must have a completed **Waiver of Liability**. These signed waivers must be turned in to the Sleep in the Deep instructor upon your arrival for the overnight. There can be no exceptions to this stipulation. Please make as many copies of the waivers as needed for your group.

### WAIVER OF LIABILITY FOR A MINOR

I am the parent or legal guardian of \_\_\_\_\_ (the "Participant"), who has my permission to participate in all programs and activities in the Tennessee Aquarium's Sleep in the Deep (the "Event"). I recognize and acknowledge that participation in the Event necessarily involves the risks of accident, personal injury and/or property damage. I consent to the Participant's participation in the Event and assume all these risks in connection with the Event. Participating in any activity is an acceptance of some risk of injury and I agree that the Participant is primarily dependent on his/her taking proper care of him/herself. Accordingly, in consideration of the Aquarium's allowing the Participant to participate in the Event, I hereby release the Aquarium, its officers, directors, employees, agents and volunteers from any and all claims, causes of action, injuries, damages and liabilities of any nature whatsoever arising out of or relating to participation in the Event. I further understand and attest that the group leader has all necessary medical information and my permission to authorize medical treatment for the Participant should an emergency occur at this Event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### WAIVER OF LIABILITY FOR AN ADULT

I hereby acknowledge my participation in all programs and activities in the Tennessee Aquarium's Sleep in the Deep (the "Event"). I recognize and acknowledge that participation in the Event necessarily involves the risks of accident, personal injury and/or property damage. I agree to participate in the Event and assume all these risks in connection with the Event. Participating in any activity is an acceptance of some risk of injury and I agree that I am primarily responsible for taking proper care of myself. Accordingly, in consideration of the Aquarium's allowing me to participate in the Event, I hereby release the Aquarium, its officers, directors, employees, agents and volunteers from any and all claims, causes of action, injuries, damages and liabilities of any nature whatsoever arising out of or relating to my participating in the Event. I further understand and attest that the group leader has all necessary medical information and my permission to authorize medical treatment for me should an emergency occur at this Event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date