Child Participant Waiver Form

The Adler must recieve one form per child to participate. Please indicate on this form whether the child's parent will be attending. If you are registered to attend the overnight with a group, please submit this form to your group leader to be turned in with final payment.

Email forms to overnights@adlerplanetarium.org, fax forms to (312) 322-9117 or mail to:
Astro-Overnights - Adler Planetarium
1300 S. Lake Shore Drive - Chicago, IL 60605

If you registered with a group, please give this waiver to your group leader to submit with all of the group waivers.

Child's Name_____

Group Name: _____ Group Leader:_____

Child's Age _____

Astrovernight Date : _____

Allergies/Medications/Other Special Considerations_____

Physician's Name_____ Physician's Phone_____

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Parent or Guardian's Name_____

Phone (day)_____(evening)_____

Address_____

City_____ State_____ Zip_____

Will this child's parent/ guardian be attending the Overnight? Yes _____ No _____

If not, who is their main chaperone:_____ Phone (mobile):_____

Emergency Contact (someone not attending the overnight):_____

Relationship_____

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I understand that by signing this form, I release the Adler Planetarium, the Chicago Park District and their employees from responsibility for any injury incurred by my child or myself during the Astro-Overnight program.

Parent Signature_____