



8325 Travelair Street, Houston, Texas 77061  
 Phone: 713-454-1940 ✈ Fax: 713-454-1930  
 www.1940AirTerminal.org

**PHOTOGRAPH RELEASE WAIVER**

I hereby grant the 1940 Air Terminal Museum permission to the rights of my image, likeness, and sound of my voice as recorded on audio or video tapes and photographs. These recordings may be used for, though not limited to, the following purposes:

- 1940 Air Terminal Museum website
- 1940 Air Terminal Museum advertisement campaigns (electronic, printed etc.)
- 1940 Air Terminal Museum brochures, posters, articles, and other publications
- Conference, educational, or informational presentations
- Training materials

In giving this consent, I understand that my image or sound recordings may be edited, copied, exhibited, published, or distributed, and waive the right to inspect or approve the finished product wherein my likeness appears. I also release the 1940 Air Terminal Museum, their agents and assigns from any liability or violation of any personal or property rights which I may have in connection with said recordings and finished products. I will not receive payment, royalties, or any other compensations or considerations.

Additionally, there is no time limit to the validity of this release, nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Subject Signature: \_\_\_\_\_

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

Guardian's Signature (if minor/child): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I  DO  DO NOT give consent for the 1940 Air Terminal Museum to include my name with my image, likeness, or sound of my voice on its finished products.

Photographer:                     **Museum Volunteer**                    

Organization:                     **1940 Air Terminal Museum**                    

Event Name:                     **2020 Summer Day Camp**                     Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**MEDICAL & LIABILITY RELEASE WAIVER**

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that participation in the **Summer Day Camp** at the 1940 Air Terminal Museum could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/their participation in the Summer Day Camp. I release the 1940 Air Terminal Museum from all liability, costs and damages which may arise from participation in the Summer Day Camp.

If the participant is a minor, I agree that that the minor has my consent to participate in the event. The minor also has my permission to attend a 1-hour field trip to a nearby aviation operations facility during the Summer Day Camp. Field trip locations are within a ten-minute driving or walking distance from the Museum and include:

- TBD
- TBD

I further provide my consent for the 1940 Air Terminal Museum to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for all costs related to this emergency treatment. In case of an emergency, I have provided the following contact and medical information:

Emergency Contact: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alt. Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Does the participant have any allergies or medical conditions that Museum staff should be aware of? If so, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Does he/she/they need any special accommodations as a result? If so, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

*By signing this form, I acknowledge that I have completely read and fully understand the above waiver and agree to be bound thereby.*

Participant Signature: \_\_\_\_\_

Guardian's Signature (if minor/child): \_\_\_\_\_