

**MINOR RELEASE
RULES AND REGULATIONS – DUKE CITY SLEEP OUT – MAY 1ST, 2009**

THE PARENT AND/OR RESPONSIBLE ADULT agrees to communicate to the MINOR that the MINOR shall abide by the following RULES AND REGULATIONS and CODE OF CONDUCT:

- After 9:00 p.m. on the evening of the Event, Participants who have left the Event premises will not be readmitted to the Event.
- If a Participant is under the age of 18 years, the Participant shall be accompanied by an adult (either the parent or responsible adult named below) who shall be present at the Event
- General safety and respect for other participants will be expected at all times. The following behaviors shall be considered detrimental and may result in expulsion from the Event:
 - Willful damage or vandalism to Menaul School or individual personal property.
 - Possession of fireworks or weapons of any kind.
 - Possession or use of alcohol, tobacco, or any controlled substances.
 - Willful or consistent misbehavior considered to be disruptive to the Event or to other Participants.
 - Failure to comply with Event rules or with requests made by Event administrators.

Any photographs, videotaping or other records of the Participant at the Event may be used to promote future Sleep Out Events. This includes, but is not limited to, use of a Participant's photograph and video on Duke City Sleep Out web site, television, printed billboards, brochures or other promotional materials.

I HAVE READ THIS RELEASE:

Note: If a Minor is under the age of eighteen years, the parent or responsible adult who signs below agrees to accompany the Minor at all times during the Event. 1 adult for up to 5 minors.

PARENT INFORMATION

Date: _____
Name of parent (please print): _____
Signature of Parent: _____
Check one: Father Mother Other Guardian _____
Telephone Number: _____
Address: _____

MINOR INFORMATION

Date: _____
Name of Minor (please print) _____
Signature of Minor: _____
Telephone Number: _____
Address: _____
Date or Birth or Age: _____
Emergency Contact Name: _____
Phone number of Emergency Contact Person: _____
Allergies and/or Prescribed Medication: _____

RESPONSIBLE ADULT (OTHER THAN PARENT)

Date: _____
Name of Responsible Adult (please print): _____
Signature of Responsible Adult: _____
Relation to Minor (teacher, scout leader, relative, etc.) _____
Telephone Number: _____
Address: _____