

OVERNIGHT ADVENTURE DATE\* 9-9-2006 GROUP YMCA - North Broward

CHAPERONE: PLEASE FAX THIS FORM BACK TO THE EDUCATION DEPT AT 321-449-4242  
3 WEEKS PRIOR TO THE OVERNIGHT ADVENTURE

**CHAPERONE AND ADULT**  
*Background Check Consent / Permission to Photograph*

I ("Chaperone"), \_\_\_\_\_, authorize a representative of the Kennedy Space Center Visitor Complex to perform a background check on Chaperone through **Federal Background Services**. Chaperone recognizes that without a successful background check being completed, chaperone may not participate in the Overnight Adventure. Chaperone also realizes that such a check takes time and so will furnish Delaware North Parks Services of Spaceport, Inc and the National Aeronautics and Space Administration with Full Name, Birth Date and Social Security Number at least three (3) weeks prior to the event.

I hereby grant Delaware North Parks Services of Spaceport, Inc. and its related companies the right to take, copyright, use, publish, alter and distribute photographs, movies, films, videotapes, audiotapes, and any other recording of the Chaperone. I further irrevocably consent to the worldwide use of the Chaperone's name, voice and likeness. I understand that such use may include publicity, advertising, promotion or any other lawful purpose, without restrictions or remuneration.

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

Birth Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

County/State of Residence \_\_\_\_\_

Zip Code: \_\_\_\_\_

*Signed:* \_\_\_\_\_

*I authorize a representative of the Kennedy Space Center Visitor Complex to perform a background check on me through Federal Background Services*

I understand that any vehicle I park overnight at the Kennedy Space Center during the Overnight Adventure will have a parking permit displayed.

*\*All Adults must return form at least three (3) weeks before Overnight Adventure:*

<b>FOR KSCVC SECURITY USE ONLY</b>	
FL FDOC Check _____	NATIONWIDE CRIM Check _____
SS# Check _____	FSO /Predator Check _____
Interpol (world criminal) check _____	
Federal Background Services Fax # 561-969-9966	
RETURN FAX TO DNCP&R Security Manager Henry J Butler at 321-449-4421	

OVERNIGHT DATE 9-9-06 GROUP/SCHOOL/TROOP/PACK YMCA - North Bergen

Overnight Adventure  
YOUTH FORM

**Medical Release & Consent / Permission to Photograph**

I/We do hereby give our permission for \_\_\_\_\_ ("Child") to attend the Overnight Adventure program during the period \_\_\_\_\_ to \_\_\_\_\_

I/We, \_\_\_\_\_, the parent(s) or guardian(s) of the Child further authorize an adult representative of the Kennedy Space Center Visitor Complex to seek and consent to any and all emergency medical care and hospital treatment deemed necessary for the health and well-being of the Child. I/We also authorize any physician, emergency medical technician or other medical or health care facility ("Medical Provider") to render emergency medical treatment to the Child at the request of an adult representative of the Kennedy Space Center Visitor Complex. I hereby hold harmless and release Delaware North Parks & Resorts at Kennedy Space Center, Inc. and the National Aeronautics and Space Administration from and against any and all responsibility or liability for injuries suffered at the Kennedy Space Center Visitor Complex or in connection with the KSC Overnight Adventure Program and expenses relating to the emergency treatment of the Child by a Medical Provider, including transportation of the Child to any Medical Provider or home in the event the Child is no longer able to participate in the KSC Overnight Adventure Program, provided that such injury was not caused by gross negligence or intentional acts of DNC Parks & Resorts at Kennedy Space Center, Inc.

I hereby grant Delaware North Parks & Resorts at Kennedy Space Center, Inc. and its related companies the right to take, copyright, use, publish, alter and distribute photographs, movies, films, videotapes, audiotapes, and any other recording of the Child. I further irrevocably consent to the worldwide use of the Child's name, voice and likeness. I understand that such use may include publicity, advertising, promotion or any other lawful purpose, without restrictions or remunerations.

Signed: \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

Relationship(s) to Child: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed By:

Signed \_\_\_\_\_

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

Date: \_\_\_\_\_