



Education Programs

Tele: 717-566-7100

Participant Liability Release Form

Participant **must** complete this form in order to participate in the AACAMuseum, Inc. Model T Driving Program. Carefully read, complete and return this form with the Participant Driver's License Authorization Form, before your scheduled program month, via email: info@aacamuseum.org or mail: Education Department | AACAMuseum, 161 Museum Drive, Hershey, PA 17033.

Program: **AACAMuseum Model T Driving Program**

Participant: _____

Program Month Attending: (circle) May June July August September October November

I understand that participation in the above program could include actions or tasks that may be risky, to the participant named above, as it relates to driving an antique automobile.

By signing below, I assume any risk of harm or injury that might occur to the participant(s) due to my participation in the program via my actions. I release the AACAMuseum of all liability, costs and damages that might arise from participation in the above named program.

I further provide my consent for the AACAMuseum to seek emergency treatment for myself or the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Signature of Participant

Date