



Charleston Planetarium
— Where Stars Come Alive!

Group Visit Waiver & Release of Liability

Teacher/Head Chaperone Certification

I certify that I am the designated teacher/head chaperone for the group listed below and accept responsibility for supervising all participants during our visit. I confirm that I have collected signed waivers from each parent/guardian for the minors in our group and will retain them during the visit.

School/Group Name: _____

Visit Date: _____

Chaperone Name: _____

Signature: _____ Date: _____

Contact Info: _____



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Minor Participant Waiver

(One per minor; to be completed by a parent or legal guardian)

Minor's Full Name: _____

Date of Birth: _____

I am the parent/legal guardian of the minor named above and give permission for their participation in Charleston Planetarium Society programs. I understand participation involves inherent risks and, on behalf of myself and my child, I voluntarily:

Assume all risks associated with participation.

Release and hold harmless Charleston Planetarium Society, its staff, volunteers, and agents from any claims for injury, illness, or loss—including those arising from negligence.

Authorize emergency medical care if I cannot be reached, understanding I am financially responsible for such care.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Emergency Contact Phone: _____