

**USS COBIA FAMILY OVERNIGHT PROGRAM
ACKNOWLEDGEMENT FORM**

The individuals listed on the Reply Form will participate in the U.S.S. Cobia Family Overnight Program at the Wisconsin Maritime Museum, during the summer of 2008 with full knowledge of the rules and guidelines for appropriate conduct. The adult guardians and/or chaperones of any minors in their charge accept responsibility for the behavior of those in their care and for themselves.

Signing this Acknowledgement Form indicates the intention to participate in the U.S.S. COBIA Family Overnight Program with full knowledge, consent, and acceptance of the rules and requirements specified in the Family Overnight Program Guide.

The signature of the Party Responsible (must be an individual 18+ years of age) is on behalf of all individuals listed on the Reply Form.

Name of Party Responsible (please print):_____

Signature of Party Responsible:_____

Date:_____