

LIABILITY/MEDIA RELEASE

ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT:

I assert that my child is physically and mentally able to participate in the Robotics And Beyond Summer Camp activities. I agree to assume all the risks and responsibilities surrounding my child's participation in program activities and agree to release from liability and waive any legal action against the Robotics And Beyond program, their affiliates, governing Board, officers, agents, employees, volunteers, and other participants and sponsoring agencies against:

- any and all claims, injuries, liabilities, or damages related to participation in any and all activities, and
- for any personal injury or property damage suffered by my child while participating during the regularly scheduled hours and dates.

In addition, if I observe any hazard during our participation I will bring it to the attention of the nearest staff member immediately.

In case of medical emergency, I understand that every reasonable attempt will be made to contact me, my family physician, or the emergency contact named below. However, in the event that my named contacts or I cannot be reached, I give my permission to the adults supervising the Robotics And Beyond program to secure emergency medical treatment for my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. This also applies in the event that personal transportation is used to convey my child to a medical facility. This acknowledgment applies to the program indicated above and any additional activities of the Robotics And Beyond program for which I may subsequently register my child.

MEDIA RELEASE:

I give my permission for my child to be photographed, filmed, interviewed, and to have work samples produced totally or partially by my child to be published in print, in video, and/or on the internet. If published at all, I understand that my child's name will only be published in reporting by newspapers on-line, in print or both.

By signing below, I acknowledge that I have read and agree to the above terms and conditions.

Child 1: _____ Child 2: _____

Parent Name: _____ Signature: _____

Date: _____

Emergency Contact Name: _____ Phone #: _____

Physician Name: _____ Phone #: _____