



JMM COMPUTER SCIENCE Summer Camp 2017
Grades 6th – 12th (2017-18 school year)
Liability & Waiver Packet

Please complete one packet per student. Return by mail or in person all six (6) originals to the following:

Mail to: Computer Camp, Jackson Medical Mall, 350 W Woodrow Wilson Ave, Jackson, MS 39213

Activity: JMM Computer Science Summer Camp 2017
Activity Date(s) and Time(s): June 19, 2017 to June 23, 2017
Activity Location(s): Jackson Medical Mall, Jackson, MS

Please print legibly

Student Name: _____

Parent Name: _____

Parent Phone #(s): _____

Student Age: _____ Student Grade (2017-18): _____

Student School: _____

Liability Release & Permission Forms Checklist

- Release of Liability (2 documents)
- Authorization for Consent to Medical Treatment
- Allergy and Medication Form
- Permission to use Photograph and Video

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: JMM Computer Science Summer Camp 2017
Activity Date(s) and Time(s): June 19, 2017 to June 23, 2017
Activity Location(s): Jackson Medical Mall, Jackson, MS

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** STEM Advancement Inc, dba Mississippi Robotics, WCCA, and Jackson Medical Mall, their employees, contractors, officers, directors, board members, volunteers and agents (collectively "Camp") from any and all claims, **including claims of the Camp's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the Camp **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the Camp incurs any of these types of expenses, I agree to reimburse the Camp. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the Camp from all liability, (b) promising not to sue the Camp, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of Mississippi. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made by me.

Participant Signature: _____

Parent Phone #(s): _____

Participant Name (print): _____ Date: _____

If Participant is under 18 years of age, the following page is also required.

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

If Participant is under 18 years of age:

Activity: JMM Computer Science Summer Camp 2017
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I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing dba Mississippi Robotics, WCCA, and Jackson Medical Mall from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made by me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Phone #(s) of Minor Participant's Parent/Guardian

Minor Participant's Name

Date

Authorization for Consent to Medical Treatment

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Any individual under the age of 18 years without a completed Consent to Medical Treatment form on file prior to the start of camp will not be able to participate in any camp activity.

The directors and staff are not responsible for any medical, dental or other expenses resulting from accidents.

The undersigned Parent/Guardian of

(Participant's Full Name) _____, who is _____ years old,

hereby authorize the JMM COMPUTER SCIENCE Summer Camp 2017 staff to consent to any diagnostic procedure (including x-rays), to the administration of any medical or surgical treatment, or to any hospital care when any, or all are rendered under the general supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act. My child is in good health and I know of no medical reason why he/she cannot participate in any camp activities.

This authorization is given in advance of any specific diagnosis, treatment or medical care being required.

Parent/Guardian Print Name: _____

Parent Phone #(s): _____

Parent/Guardian Signature: _____

Date: _____

JM COMPUTER SCIENCE Summer Camp 2017

Allergy and Medication Form

Activity: JMM Computer Science Summer Camp 2017
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Student Name (Please print): _____

Date of Birth: _____

This form must include all medications (over the counter and prescription) that a student is allowed to have in their possession during the JM COMPUTER SCIENCE Summer Camp 2017.

| Medication (name, dosage) | When Taken (specific times) | Purpose |
|---------------------------|-----------------------------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |

My student has my permission to possess and take the above medication as described above while attending JMM COMPUTER SCIENCE Summer Camp 2017.

Please list all known allergies including food, drug, latex, and insect stings.

Parent/Guardian Print Name: _____

Parent Phone #(s): _____

Parent/Guardian Signature: _____

Date: _____

PERMISSION TO USE PHOTOGRAPH AND VIDEO

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I grant to STEM Advancement Inc, dba Mississippi Robotics, WCCA, and Jackson Medical Mall the right to take photographs and video of me and my family in connection with any sponsored event. I authorize STEM Advancement Inc, dba Mississippi Robotics, WCCA, and Jackson Medical Mall its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that STEM Advancement Inc, dba Mississippi Robotics, WCCA, and Jackson Medical Mall may use such photographs of me and my family with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Print Student (Participant) Name(s) _____

Print Parent or Guardian Name _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)