



## S.T.E.M. Summer Camp 2017 Waiver Packet

Please complete one packet per student. Return all six (6) originals to either of the following:

Mail to: Mississippi Robotics, PO Box 426, Woodville, MS 39669

or

In person to: Crystal Mudd, Elizabeth Patin, or Ray Holt at WCCA, Woodville, MS

Activity: S.T.E.M. Summer Camp 2017

Activity Date(s) and Time(s): June 12, 2017 to June 16, 2017

Activity Location(s): Wilkinson County Christian Academy, Woodville, MS

### **Please print legibly**

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Phone #(s): \_\_\_\_\_

Student Age: \_\_\_\_\_

Student Grade (entering in Fall 2017): \_\_\_\_\_

Student T-shirt Size (circle one size):    YS    YM    YL    AS    AM    AL    AXL    AXXL

Extra T-Shirt(s) (\$15 each):

Student T-shirt Size (circle one size):    YS    YM    YL    AS    AM    AL    AXL    AXXL

Student T-shirt Size (circle one size):    YS    YM    YL    AS    AM    AL    AXL    AXXL

### **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: S.T.E.M. Summer Camp 2017  
Activity Date(s) and Time(s): June 12, 2017 to June 16, 2017  
Activity Location(s): Wilkinson County Christian Academy, Woodville, 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, Wilkinson County Christian Academy, 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: S.T.E.M. Summer Camp 2017

Activity Date(s) and Time(s): June 12, 2017 to June 16, 2017

Activity Location(s): Wilkinson County Christian Academy, Woodville, MS

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing Mississippi Robotics and WCCA 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

Activity: S.T.E.M. Summer Camp 2017

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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 S.T.E.M. 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: \_\_\_\_\_



**S.T.E.M. Summer Camp 2017**

**Allergy and Medication Form**

Activity: S.T.E.M. Summer Camp 2017

Activity Date(s) and Time(s): June 12, 2017 to June 16, 2017

Activity Location(s): Wilkinson County Christian Academy, Woodville, MS

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 S.T.E.M. 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 S.T.E.M. Summer Camp 2017 on the WCCA campus.

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 and WCCA, 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 and WCCA 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 and WCCA 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)