



2018-19 STEM/Robotics Afterschool Program Waiver Packet

Please complete one packet per student.

Scan & email to: STEMAdvancement@gmail.com (preferred) or Bring in person to the Class.

Activity: 2018-19 STEM/Robotics Afterschool Program

Activity Date(s) and Time(s): Monday's – Sept- 2018-April 2019 (less holidays) 3:30pm-5:30pm

Activity Location(s): WCCA STEM Building

Please print legibly

Student Name: _____

Student's Email: _____

Student Birthdate: _____ Age: _____ Student Grade (in Sept 2018): _____

Parent's Name: _____

Parent's Phone #(s): _____ Texting OK?: Yes No

Parent's Email (required for contact): _____

Emergency Names and Numbers if the parents cannot be reached

Liability Release & Permission Forms Checklist

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

If Participant is under 18 years of age:

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Activity Location(s): WCCA STEM Building

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

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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 this program will not be able to participate in any 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 Mississippi Robotics and WCCA 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 this programs 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: _____



Allergy and Medication Form

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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 this program.

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 this program.

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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THIS FORM MUST BE AGREED TO FOR YOUR STUDENT TO PARTICIPATE

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. This Photograph and Video Permission will continue for all STEM Advancement Inc, dba Mississippi Robotics and WCCA events until cancelled in writing.

I have read and understand the above:

Print Student (Participant) Name(s) _____

Print Parent or Guardian Name _____

Address _____

Date _____

Parent Signature _____