



2019 Megatronics Youth Camp Waiver Packet

Please complete one packet per student.

Scan & email to: STEMAdvancement@gmail.com (preferred)

Activity: 2019 Megatronics Youth Camp

Activity Date(s) and Time(s): June 17-18, 2019 or June 20-21, 2019 9am – 3:30pm

Activity Location(s): Nissan Training Center, Canton, MS

Please print legibly

Student Name: _____

Parent Name: _____

Parent Phone #(s): _____

Parent Email: _____

Student School: _____ Age: _____

Student Grade (in Sept 2019): _____

Emergency Names and Numbers if the parents cannot be reached

Liability Release & Permission Forms Checklist

- Release of Liability (2 documents) – Page 2 & 3
- Authorization for Consent to Medical Treatment – Page 4
- Allergy and Medication Form – Page 5
- Permission to use Photograph and Video – Page 6



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

Activity: 2019 Megatronics Youth Camp

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Activity Location(s): Nissan Training Center, Canton, 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, Nissan Training Center, 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: 2019 Megatronics Youth Camp

Activity Date(s) and Time(s): June 17-18, 2019 or June 20-21, 2019 9am – 3:30pm

Activity Location(s): Nissan Training Center, Canton, 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 Nissan 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: 2019 Megatronics Youth Camp

Activity Date(s) and Time(s): June 17-18, 2019 or June 20-21, 2019 9am – 3:30pm

Activity Location(s): Nissan Training Center, Canton, MS

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 2019 Megatronics Youth Camp 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: _____



2019 Megatronics Youth Camp
Allergy and Medication Form

Activity: 2019 Megatronics Youth Camp
 Activity Date(s) and Time(s): June 17-18, 2019 or June 20-21, 2019 9am – 3:30pm
 Activity Location(s): Nissan Training Center, Canton, 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 2019 Megatronics Youth Camp.

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 2019 Megatronics Youth Camp at the Nissan Training Center in Canton, MS.

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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Activity Location(s): Nissan Training Center, Canton, MS

THIS FORM MUST BE AGREED TO FOR YOUR STUDENT TO ATTEND THE CAMP

I grant to STEM Advancement Inc, dba Mississippi Robotics and Nissan, 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 Nissan, 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 Nissan, 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 Nissan events until cancelled in writing.

I have read and understand the above:

Print Student (Participant) Name(s) _____

Print Parent or Guardian Name _____

Address _____

Date _____

Signature Teacher/Adult Attending Event _____

Signature Parent (if under age 18) _____