



## 2020-21 MakerSpace Lab Waiver Packet & Photo Release

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: Elizabeth Patin or Crystal Mudd at WCCA, Woodville, MS

Activity: 2020-21 MakerSpace Lab

Activity Date(s) and Time(s): 2020-21 School Year Calendar Dates

Activity Location(s): WCCA Technology Center and various field trips, activities, and competition locations

### **Please print legibly**

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

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

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

Parent Email (PLEASE PRINT): \_\_\_\_\_

Student Age: \_\_\_\_\_ Student Grade (current year): \_\_\_\_\_

Emergency Names and Numbers if the parents cannot be reached

\_\_\_\_\_  
\_\_\_\_\_

### **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: 2020-21 MakerSpace Lab

Activity Date(s) and Time(s): 2020-21 School Year Calendar Dates

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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, dba Mississippi STEM Academy, Wilkinson County Christian Academy, their employees, contractors, officers, directors, board members, volunteers and agents (collectively "Activities") and any other companies where our events are hosted, including Nissan-America, Canton, MS, from any and all claims, **including claims of 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 these Activities.

I am voluntarily participating in these Activities. I am aware of the risks associated with traveling to/from and participating in these Activities, 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 these Activities.**

I agree to **hold STEM Advancement Inc and the above, 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 these Activities. If **STEM Advancement Inc and the above**, incurs any of these types of expenses, I agree to reimburse them. 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 STEM Advancement Inc and the above, from all liability, (b) promising not to sue STEM Advancement Inc and the above, (c) and assuming all risks of participating in these Activities, including travel to, from and during these Activities.**

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: 2020-21 MakerSpace Lab

Activity Date(s) and Time(s): 2020-21 School Year Calendar Dates

Activity Location(s): WCCA Technology Center and various field trips, activities, and competition locations

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing STEM Advancement Inc, dba Mississippi Robotics, dba Mississippi STEM Academy, Wilkinson County Christian Academy and the above, 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 these Activities, including travel to, from and during these Activities.** I allow Participant to participate in these Activities. 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: 2020-21 MakerSpace Lab

Activity Date(s) and Time(s): 2020-21 School Year Calendar Dates

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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 these Activities will not be able to participate in any of these activities.**

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 STEM Advancement Inc, dba Mississippi Robotics, dba Mississippi STEM Academy, Wilkinson County Christian Academy and the above, 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 these 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

Activity: 2020-21 MakerSpace Lab

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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 these activities.

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 these activities.

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

Activity: 2020-21 MakerSpace Lab

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### **THIS FORM MUST BE AGREED TO FOR YOUR STUDENT TO ATTEND THESE ACTIVITIES**

I grant to STEM Advancement Inc, dba Mississippi Robotics, dba Mississippi STEM Academy, Wilkinson County Christian Academy and the above, the right to take photographs and video of me and my family in connection with any sponsored event. I authorize **STEM Advancement Inc and the above**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **STEM Advancement Inc and the above**, 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)