"Discovering the Scientist Within"
Oregon State University
November 7, 2009

(Please bring this completed form with you on the day of the event)

Parent Waiver and Emergency Authorization

Student Name:_____

Parent/Guardian Name:_____

Emergency phone number(s):_____
(where you can be reached during the day of the event)

Are you attending the workshop with your daughter? Yes No

Authorization for Emergency Treatment and Transportation
I, the undersigned, as the parent or legal guardian of the child listed on this application, in consideration of the request, give permission for my son/daughter to participate in the Oregon State University's "Discovering the Scientist Within" event and hereby assume full responsibility for all risk of injury or loss which may result from my son's/daughter's participation in this activity, and hereby agree to hold harmless, release, and forever discharge OSU, its officers, agents, and employees from any and all claims and demands whatsoever which the undersigned or any third party may have against said officers, agents, or any person acting under its behalf, by reason of any accident, illness, injury, or death, or damage to, or loss of, or destruction of property arising or resulting directly or indirectly from my daughter's participation in the event.

In the case of an emergency and I cannot be reached, I authorize the staff of KidSpirit to obtain whatever medical treatment it deems necessary for the welfare of my child listed on this application.

I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

_____

Parent/Guardian Signature Date

Media release
We plan to take photos and/or video footage during this event. Do we have your permission to use your child's image?

Yes_____ No_____
(Parent/guardian initials here) (Parent/guardian initials here)