Minor Participation Consent & Waiver Form

Program/Activity: Stem Explorers Club

Date(s): _____

Location: _____

Child's Full Name: _____

Date of Birth: _____

Age: _____

Address: _____

City/State/Zip: _____

School/Grade: _____

Parent/Guardian Name: _____

Phone Number(s): _____

Email: _____

Emergency Contact (if different): _____

Phone Number: _____

Allergies (food, medications, etc.): _____

Medical Conditions: _____

Medications Currently Taken: _____

Physician's Name & Phone: _____

Insurance Provider & Policy #: _____

- I consent to photographs/videos of my child being taken during the activity for program-related use.
- I do not consent to photos/videos.

Consent & Waiver

I, the undersigned, am the parent/legal guardian of the above-named minor. I grant permission for my child to participate in the specified program/activity. Location: Lowery Elementary or as otherwise noted at the time of registration. I understand that participation may involve certain risks. I agree to release and hold harmless Stem Explorer's Club, its staff, and affiliates from any liability for injuries, damages, or losses that may occur.

In the event of a medical emergency, I authorize program staff to secure necessary treatment, including transport to a medical facility, and I assume financial responsibility for any expenses incurred.

II. EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned parent or legal guardian of the above named minor, do hereby authorize Stem Explorer's Club or representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

III. SPECIAL ACCOMMODATIONS/NEEDS

If you believe that a disability or other condition requires a special accommodation, please contact the staff at

727-560-3221 or email at support@stemexplorersorg.com

IV. PARTICIPATION GUIDELINES

Participants, or their representatives, who behave in a manner which is disruptive to the learning process, or which interferes with the well-being of other participants or staff, or which may cause damage to the facility or contracted facilities, may be subject to permanent removal of enrolled course(s). If this occurs, the refund for the course will be prorated minus the appropriate processing fee under the specific refund policy for the course or activity. Participants have a responsibility to the environmental settings where our events are being held including building grounds, furnishings and natural wildlife. If a participant is responsible for any damage, the parent of that participant will be held financially responsible for the specific repair costs of those damages.

Participants will not be allowed to leave designated buildings or areas and will participate in all group activities, unless given expressed permission by an adult sponsor or adult staff member to do otherwise.

Parents or Guardians are responsible for making sure participants dress appropriately. It is not suitable for males or females to wear clothes that expose undergarments.

Radios, recorders, tape and CD players, TV's electronics and video games, skateboards, roller skates and blades, etc. tend to be a distraction to the individual and must to be left at home. Cell phones are allowed, but need to be left in a pocket or purse and not used. Stem Explorer's Club is not responsible for these items if they are brought to course/camp.

Participants need to show consideration and respect of others, including other participants and instructors. Offensive language will not be tolerated.

No illegal substances will be allowed.

All individual classroom policies must be followed.

Staff may not administer medications during program hours.

Parent/Guardian Name (print):

Signature:

Date:

AUTHORIZATION FOR DROP OFF, PICKUP & TRANSPORTATION:

1. I hereby authorize the following names to either drop off or pick up Participant. Each person will be informed that it is his or her responsibility to show proof of identity to the designated course/activity instructor. (Please remember to include your name as well, if applicable).

Contact Information Person #1
First Name:
Last Name:
Phone:
Email Address:
Driver's License #
Relationship to Participant:

Contact Information Person #2
First Name
Last Name
Phone
Email Address
Driver's License #
Relationship to Participant

Contact Information Person #3
First Name
Last Name
Phone
Email Address
Driver's License #
Relationship to Participant

Parent/Guardian Name (print):
Signature:
Date:

MINOR RELEASE AND INDEMNIFICATION AGREEMENT

I am the Parent/Guardian of the above-named Student who is under eighteen (18) years of age and am fully competent to sign this Agreement. I give permission for him/her to participate in the course or activity. I acknowledge that the nature of the course or activity may expose him/her to hazards or risks that may result in illness, personal injury, or death and I understand and appreciate the nature and possibility of such hazards and risks.

In consideration of participant being permitted to partake in the program, activity, or trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release STEM Explorers Club, employees and representatives from any liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of the program, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless STEM Explorers Club and its employees, and representatives from any liability for the injury or death of any person(s) or damage or loss to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity or Trip. The indemnification related to the loss or damage of Participant's personal property further applies to the storage of Participant's personal property and equipment while participating in the above referenced activity or trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION AGAINST STEM Explorers Club, EMPLOYEES, AND REPRESENTATIVES, FOR PARTICIPANT'S INJURY OR DEATH, OR DAMAGE OR LOSS TO PARTICIPANT'S PROPERTY, THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED AND FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE TERMS OF ALL RELEASES ON THIS FORM INCLUDING THE AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, PARTICIPATION GUIDELINES, THE RELEASE AND INDEMNIFICATION AGREEMENT, THE MEDIA CONSENT AND RELEASE, AND AUTHORIZATION FOR DROP OFF, PICKUP & TRANSPORTATION.

FULL NAME (PRINT):

SIGNATURE:

DATE: