

Sci-Quest Programs
EMERGENCY CONTACT INFORMATION & LIABILITY RELEASE FORM

Child/Children's Name: _____

Program/Event attending: _____ Child's Age/Grade: _____

Parent/Guardian Information:

Name: _____

Complete Address: _____

Email address: _____ Telephone Number: _____

Code Word: _____

Individuals who have permission to pick up my child:

Name	Relation	Phone #
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GENERAL MEDIA RELEASE

Periodically we will be using photos for you to view your children having fun at Sci-Quest! I hereby agree to being photographed for advertising and/or promotional purposes for Sci-Quest.

(Please initial YES or NO) _____ Yes, I give Sci-Quest permission to photograph my child and agree and authorize to full and unlimited usage rights.

_____ No, I do not give Sci-Quest permission to photograph my child for any advertising/promotional purposes..

In consideration for appearing on or participating in a photo shoot prepared for use by Sci-Quest or local media I: (1) agree that I am to receive no compensation (2) release Sci-Quest, their employees, and assigns from any liability for claims by me or anyone else arising out of my participation or appearance and (3) agree that my appearance or participation confers upon me no ownership rights as to the end product whatsoever.

Signature of Parent / Guardian _____ Date _____

MEDICAL INFORMATION AND RELEASE FORM

The staff of Sci-Quest will take every precaution to make all camper activities as safe as possible. Participants also have the responsibility to reduce the chance of injury; program attendees must obey all rules at all times. **The staff needs to have the following information on file in the event of an emergency where medical attention is required. Please read the following very carefully and complete the following release form for added protection.** In case of emergency, please provide at least 2 contacts other than the above listed parent/guardian with complete information.

Name: _____ Relation: _____
Home # _____ Work # _____

Name: _____ Relation: _____
Home # _____ Work # _____

Child's Physician: _____ Telephone # _____

Please list allergies, physical limitations or any other medical concerns:

I _____, binding my heirs, executors, administrators, estate, and assigns, do hereby release and agree not to hold Sci-Quest, their officers, agents, and employees, from any and all actions, causes of actions, claims, demands, costs, or damages as a result of property damage or personal injury to myself, my child/children, or my property arising from, or resulting from any act of omission, or otherwise, of Sci-Quest, their officers, agents, and employees while participating in Sci-Quest education programs and summer camps.

I further release Sci-Quest, their officers, agents, and employees from all liability for personal injury resulting from my child's failure or the failure of other participants in activities of the Sci-Quest programs to obey safety regulations and directions of the activity leader in good faith, in response to emergencies and exigencies which occur during the activity; provided however, that nothing contained herein shall excuse any employee of Sci-Quest, or person assigned by either to act as a leader from the responsibility to act with reasonable care for my child's safety during the course of the activity appropriate to the circumstance.

I hereby authorize Sci-Quest to consent to emergency medical or dental care for my child while my child is a participant in the Sci-Quest education programs program. I understand Sci-Quest will make all reasonable efforts to contact me with notice in the event that my child requires emergency medical or dental treatment. In the event that Sci-Quest cannot contact me and give me notice, I understand that I am hereby-authorizing Sci-Quest to consent to such treatment on my behalf. I understand that Sci-Quest will seek necessary emergency treatment for my child only in the event that my child is injured or harmed while engaged in a program or activity sponsored by Sci-Quest.

Print Name: _____ Signature: _____

Date: _____