

**CONSENT, RELEASE AND WAIVER OF LIABILITY FORM FOR PARTICIPATION IN THE  
National Junior Science & Humanities Symposium  
Bethesda, Maryland, April 28 – May 2, 2010**

Please read completely and carefully before signing.

I grant permission for my minor child to participate in the National Junior Science & Humanities Symposium (hereinafter referred to as "JSHS").

Student name \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ [Name]

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsoring teacher/chaperone: \_\_\_\_\_ [Name]

\_\_\_\_\_ [Organization, city, state]

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

1. I grant permission for release of all pertinent school data to the JSHS for the purpose of selecting student to attend the symposium.
2. I understand that transportation to the JSHS site and activities will be coordinated by the National JSHS Office and may involve transportation by air, train, and/or bus.
3. I understand that in order to participate in this program, my child must abide by the established rules and codes of conduct established by the program staff. The JSHS staff reserves the right to dismiss a child from the symposium due to the child's disruption of the program, including but not limited to verbal and physical aggression against staff or other participants, failure to follow safety or program instructions, and any other disruptive behavior. A child's dismissal will be at the discretion of the Director of the JSHS. If a child is dismissed, there will be no refund and potential scholarship monies may be forfeited.
4. I grant permission for my child to participate in activities that are part of the scheduled activities for the JSHS. I understand that some of these activities may include transportation, and give permission for my child to be transported as necessary.
5. I grant permission for JSHS to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed images of my child for use in connection with the activities of the JSHS, or for promoting, publicizing or explaining the JSHS or its activities. I further agree that photographs, electronic imagery, and sound of our child taken during the program, papers written by him/her for the program, and similar items may be used by the JSHS in reports and public information materials. I further agree to allow the JSHS to release for educational purposes photographs and video recordings, with or without audio, of activities and projects involving the student.
6. I agree that my child will participate in the completion of questionnaires and other appropriate documents done as part of the program's evaluation.
7. I agree that directory information about my child, including name, name of high school, year in school, and name(s) and address of parent(s) may be released at the discretion of the JSHS administrative staff.

8. If any illness, injury, or accident occurs which, in the sole judgment of the staff of the JSHS, requires immediate medical attention, I give consent for any member of the JSHS staff to obtain such emergency treatment. I further consent to the signing of any releases by program staff, which may be required by a medical care provider. I understand that in the event of an emergency medical situation I will be notified as soon as possible. I also agree to provide the JSHS with emergency contact numbers.

9. I further understand that the cost of any medical care deemed necessary for the treatment of any emergency illness, injury or accident occurring while my child is attending the JSHS is my responsibility, and that the JSHS, the Academy of Applied Science as administering organization, and the tri-service JSHS sponsors, their members individually and their officers, agents and employees are not obligated to pay for such medical care.

10. For the sole consideration of the JSHS organization allowing my child's participation, I hereby release and forever discharge the JSHS, the Academy of Applied Science as administering organization, and the tri-service JSHS sponsors, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have either arising from or by reason of any personal injury or property damage resulting from or in any way connected with my child's participation in the JSHS program.

11. I further covenant and agree that for the consideration stated above I will not sue the JSHS, the Academy of Applied Science as administering organization, and/or the tri-service JSHS sponsors, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my child's voluntary participation in the JSHS.

12. I understand that the acceptance of this release, waiver of liability and covenant not to sue shall not constitute a waiver, in whole or in part,

13. I have received a copy of this document and certify that I am at least 18 years of age and that I have read the above carefully before signing.

This \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Name of Parent or Legal Guardian (Printed)**

--or--

\_\_\_\_\_  
**Signature of JSHS Student Delegate  
(if at least 18 years of age):**

\_\_\_\_\_  
**Name of JSHS Student Delegate (Printed)**

**Emergency Contact Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

Email of emergency contact \_\_\_\_\_

Daytime phone (including area code) \_\_\_\_\_ Circle one: Home Office Cell Other

Evening phone (including area code) \_\_\_\_\_ Circle one: Home Office Cell Other

**Without parental/legal guardian consent, this application cannot be processed.**

**Return this completed form to:**

**The National JSHS Program**

**Academy of Applied Science, 24 Warren St., Concord, NH 03301**

**Tel. 603-228-4520; FAX 603-228-4730**