PARENT/GUARDIAN: CONSENT, RELEASE AND WAIVER OF LIABILITY FORM FOR PARTICIPATION
National Junior Science & Humanities Symposium (JSHS)
May 2-5, 2018 Hunt Valley, MD

Please read completely and carefully before signing.

Student Name _____Age: _____Gender: _____

Student Phone (Home) _____ (Cell) _____

Student Mailing address_____

City, State, Zip _____

Parent/guardian Name _____

Parent/guardian Phone _____ Email _____

Sponsoring teacher/chaperone Name _____

Organization, city, state _____

Sponsoring Teacher/chaperone Phone _____Email _____

Section I – Consent for participation in JSHS

I certify that I am:

[ ] the Parent or Legal Guardian of the minor child who has been selected to participate in the National JSHS Program and provide consent for my minor child's participation in JSHS. – or --

[ ] JSHS Student participant who is age 18 or over.

1. I understand that the program organizers and sponsors of JSHS have established rules and codes of conduct for participating students. I understand and agree that a designated representative of JSHS has the right to dismiss a student from the JSHS Program due to violating the rules and codes of conduct or due to other disruption of

   the program. Such disruption may include but is not limited to verbal and physical aggression against staff or other participants, failure to follow safety or program instructions, and any other disruptive behavior. I agree that

dismissal from the JSHS may result in additional transportation costs for which I am responsible, or for potential forfeiture of scholarship monies.

2. I understand that transportation to the National JSHS site and activities will be coordinated by the Academy of Applied Science and their representatives on behalf of the U.S. Army, Navy and Air Force. I understand and agree to accept any risks involved with transportation by air, train, bus or other public transportation for the duration of the National JSHS.

3. I understand that participation in JSHS requires full participation in all aspects of the program. I understand and agree that any deviation in schedule or transportation requires coordination with the Academy of Applied Science and a written request authorizing alternative travel plans or early or late departure from the symposium. I agree to accept full responsibility and liability for alternate travel arrangements.

4. If any illness, injury, or accident occurs, which, in the sole judgment of JSHS staff, 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 JSHS staff with emergency contact numbers.

   Please list any medical problems or food allergies in the event that your son/daughter should require emergency medical care:

   Medical insurance information for payment of emergency medical care

   Medical insurance provider:

   Policy/Group #:

   Prescription Card # ("BIN"#)*:
   **Note: Not all insurance plans issue a separate card for prescriptions. Please list the "BIN #" on your insurance card,or the number on your Prescription card if you have one.*

   Policy Holder/Subscriber Name:

   Relationship of policy holder to student:

5. I understand and agree that the cost of any medical care deemed necessary for the treatment of any emergency illness, injury or accident occurring while attending National JSHS is my responsibility. I understand 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.

6. For the sole consideration of the JSHS organization, 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.

[ ] Yes, I have reviewed the section, "Consent for Participation in JSHS," and provide my consent for participation in JSHS.

Section 2 -- Consent and Release to use Film, Photographs, or Other Materials

I understand that film, photographs or other materials are utilized by JSHS staff and sponsors to promote the program, to create awareness among high schools nationwide, to recognize students' achievement in the general media, and to inform key stakeholders of program success.

This is to confirm that I hereby authorize the JSHS staff and sponsors and designated representatives to make use of any photographs, film, video, or other materials of:

[ ] myself, or
[ ] of my minor child

where such film, photograph or other materials has been taken by an officer or appointed agent of the JSHS.

[ ] I accept Section 2. [ ] I do not accept Section 2.

Section 3 – Participant Directory

I understand that directory information, including name, name of high school, and year in school, may be released in National JSHS publications, including published abstracts of National JSHS participants, individual press releases, or other conference-related materials. It is understood that personal contact information will not be published without further consent.

This is to confirm that I hereby authorize the JSHS sponsors and designated representatives to publish directory information of:

[ ] myself, or
[ ] of my minor child

where such materials have been taken by an officer or appointed agent of the JSHS.

[ ] I accept Section 3 [ ] I do not accept Section 3.

Section 4 - Affirmation of rules of conduct at JSHS, Student participants

1. I understand that the military has sponsored my participation in the National JSHS due to my interests and achievements in the sciences, engineering, and mathematics. Accordingly, I pledge to fully participate in all symposium activities.
2. I understand that I am representing my state and/or regional symposium as a delegate to the National symposium. I pledge to conduct myself in a manner that will contribute to a sense of community among participants and foster an atmosphere of mutual respect for peer group members, contributing researchers from host organizations, my chaperone, and hotel and other staff.
3. I will not depart the symposium site without consent from my chaperone and a designated representative of the Academy of Applied Science.
4. I understand that the use of alcoholic beverages, or other substances that are generally regarded to be detrimental or illegal, will not be tolerated at the National JSHS. Use or possession will result in immediate dismissal from the symposium and return home at my parents' expense.
5. I understand that in-house curfew is 11 p.m.
6. I understand that visitation between delegates rooms after curfew is strictly prohibited unless approved by my chaperone for a specific purpose.
7. I understand that an infraction/breach of the above policies may result in immediate dismissal from the symposium, return home at my own personal expense or my parents' expense, and forfeiture of my scholarship awards. The decision for disciplinary action is at the sole discretion of the Academy of Applied Science.

[ ] Yes, I have reviewed Section 4, Affirmation of rules of conduct at JSHS, and agree to abide by the rules of conduct at JSHS.

Signatures:

This confirms that I have read, understand and agree with the JSHS participation requirements as presented in this document.

_____	_____
Name of Parent or Legal Guardian (Printed)	**Name of JSHS Student Delegate**
_____	_____
Signature of Parent or Legal Guardian	**Signature of JSHS Student Delegate**
_____	_____
Date signed:	**Date signed:**

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
Email: twhite@jshs.org