

# **USNA STEM PARTICIPATION CONSENT/AUTHORIZATION**

**PARTICIPANT**\_\_\_\_\_ **PROGRAM**\_\_\_\_\_  
**PARENTS' NAMES**\_\_\_\_\_  
**PARENTS' PHONE (CELL)**\_\_\_\_\_  
**EMERGENCY CONTACT**\_\_\_\_\_ **PHONE**\_\_\_\_\_

## **CONSENT/AUTHORIZATION:**

**I consent for the above named participant to take part in all activities that may be arranged for program participants while at USNA, and I further certify that he/she is in good health and is capable of fully participating in all activities. I acknowledge that persons who may use the facilities of the United States Naval Academy do so at their own risk and that employees and agencies of the U.S. Government and/or the U.S. Naval academy are not responsible for the loss of personal property, injury or loss of life.**

**Parent**

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**In emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes the responsible staff member to have your child transported to the hospital to receive any immediate treatment required.**

**Parent**

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**I understand that throughout the program pictures/and or video may be taken and may be used to promote the programs and these photos will become USNA property. (If you do not wish your child to be photographed please inform the program director.)**

**Parent**

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_