CONSENT FORM

USNA Astro-Camp Summer 2014

PARTICIPANT __________________________________________________________

PROGRAM ________ USNA Astro-Camp ________________________________

PARENTS’ NAMES ____________________________________________________

PARENTS’ PHONE(S) ________________________________________________

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, 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: __________

Please be advised that participation does not permit access to any of the non-public facilities at USNA.

A SIGNED CONSENT FORM IS REQUIRED TO PARTICIPATE IN ASTRO-CAMP