

CONSENT FORM

U.S. Naval Academy STEM Event Participation

Please complete, sign, and bring this form to the event

PARTICIPANT _____

SCHOOL _____

PROGRAM _____

PARENTS'/GUARDIANS' NAMES _____

PARENTS'/GUARDIANS' PHONE (CELL) _____

EMERGENCY CONTACT _____ PHONE: _____

HEALTH CONCERNS:

Allergies: _____ Medications: _____

Other issues that program needs to know: _____

CONSENT/AUTHORIZATION:

I consent for the above named participant to take part in all academic and physical 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/Guardian Signature _____ Date: _____

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

Parent/Guardian Signature _____ Date: _____

I understand that throughout the program, pictures and/or video may be taken and may be used to promote the USNA STEM Center 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 A USNA STEM EVENT.