



WAIVER

I give permission for my child _____ to participate in the Summer Camp,

Saturday Science, or Student Day Camp provided by West GYSTC, Inc. at University of West Georgia, West Georgia Technical College, Paulding Airport, Murray Education Center, or The Tinker's Box. I understand that all activities will be planned and that all safety precautions will be taken during activities. In the event that an accident does occur, I will not hold West GYSTC, UWG, WGTC, Paulding Airport, Murray Education Center, The Tinker's Box, their employees or volunteers responsible for any accidental injuries.

If emergency treatment or advice is considered necessary by the staff, I understand that the listed physician and parent or guardian will be notified. If you cannot be reached, you authorize arrangements of whatever emergency treatment is considered necessary including routine first aid care. I hold harmless and agree to indemnify WGYSTC, UWG, WGTC and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program.

Physician's Name _____ Phone # _____

Hospital _____

Please list any allergies, physical limitations, and special medications:

Emergency Contact Information:

Name: _____ Cell #: _____

_____ My child may be photographed during the Summer Camp, Saturday Science, or Student Day Camp. These photos may be used in future GYSTC publications or in local newspapers. I also give permission for my child's name, likeness, image, or voice to be used in photographic, video, digital or other recording forms. I further acknowledge and understand that the image may be accessible by the general public and agree that WGYSTC, UWG or WGTC cannot be responsible for any use of the image by any third party accessing the image through the internet. I understand that neither I nor my child will receive payment or any other compensation for the taking or use of any recording or works created as a result of my child's participation in the program.

_____ My child may **not** be photographed or videoed during the Summer Camp, Saturday Science, or Student Day Camp.

I hereby certify that I am over 18 years of age and that I have read the above carefully before signing, and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives and assigns.

Signature of Parent / Guardian _____ Date _____