Smith College Information and Release (Waiver) Form for Participant and Parents

See Reverse for Waiver & Release

This information will be kept by the faculty member supervising the Minor who is participating in educational or other related activities at Smith College.

**Participant Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent to be contacted** in the case of an emergency (*Include all phone numbers and other contact information as appropriate)*: Please print clearly.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #s *home* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *work* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*cell*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *other*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Parent or Alternate Person to be contacted** in the case of an emergency:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #s *home* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *work* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*cell*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *other*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Insurance Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission:** I give my permission for my child, named above, to participate in educational programs or other programs at Smith College as follows: Fun with Science at Smith, Sept. 2, 2017.

**Medical Release:** If emergency medical treatment is necessary, I hereby authorize any physician selected by Smith College personnel to order and conduct medical procedures for my child (above named Participant) as necessary. I have indicated all health concerns or medical conditions that could adversely impact or limit my child’s participation in the program (e.g. asthma) or emergency treatment below including drug, food or environmental allergies, (e.g. bee stings).

**Parent Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *I affirm that I am authorized to sign on behalf of my child’s other parent, or that I have sole custody of my child.*

Medical Information: *(Include allergies or other conditions the College personnel or treating physician may need. Use separate sheet if necessary, and attach it to this form.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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 **Jandon Center Community Engagement**

 Wright Hall

 Smith College

 Northampton, Massachusetts 01063

 T (413) 585-3060 F (413) 585-3068

# Video/Audio Release

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as

 *(print parent/guardian name)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s parent or guardian, hereby

 *(print student name)*

grant **Smith College** permission to make still pictures, videotapes, and sound recordings, separately or in combination, of my daughter/son, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; I also give **Smith College** permission to use the finished videotapes, still pictures, and/or sound recordings for educational, instructional or promotional purposes.

Further, I relinquish and give to **Smith College** all rights, title, and interest I may have in the finished videotapes, still pictures, and/or sound recordings, negatives, prints, reproductions, and copies of the originals, negatives, recordings, duplicates and prints for educational, instructional or promotional purposes only.

 ***Parent/Guardian Signature***

  ***Date***

**SMITH COLLEGE**

**Release of Liability / Assumption of Risk / Agreement not to Sue**

**Read this Release, Assumption of Risk, and Agreement not to Sue (this “Release”) carefully and in its entirety. It is a binding legal document. After reading this Release, sign your name, to show that you agree to and do assume all risks associated with your child's participation in this Program and that you release SMITH COLLEGE, its employees, trustees, officers, students, volunteers and representatives (the “College”) of any and all liability resulting from your child's participation in this Program.**

I, as the parent/guardian of the child named below, permit my child to participate in the **Fun with Science at Smith on September 1, 2018** described on the next page. I understand what the Program activities will be and give full approval for my child’s participation in the Program.

I acknowledge that my child may be exposed to hazards and I voluntarily agree to assume all risks. I understand that the risks of the Program may include loss, injury, death or property damage caused by accident or illness, the forces of nature, and travel by automobile, bus or other vehicle or other hazards that are unknown.

In consideration of my child’s participation in the Program, I hereby, now and forever release the College from and against any causes of action, claims or demands of any nature that may result from or be connected in any way to my child’s participation in the Program (“Claims”). I further agree not to sue and agree to indemnify and hold harmless the College from any Claims. It is also my express intent that this Release shall bind my spouse, family members, heirs, guardians, legal representatives, and assigns.

I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law.

My child has been told the rules of the Program and agrees to follow them. We understand that he or she (my child) may be asked to leave the Program if the rules or the instructions are disobeyed.

**By signing below, I hereby confirm that I am the Parent or Legal Guardian for the Participant enrolled in the Program and that I have read this document in its entirety, understand it, and sign it voluntarily.**

Signature of Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fun with Science at Smith: Program Description**

**Fun Science at Smith** is a single session program that runs on Saturday, September 1, 2018 in Ford Hall, Smith College from 3 to 5 P.M. The program offers 3rd to 6th grade students an opportunity to explore some aspect of science or engineering. Students will pre-register and select first and second choices from a menu of activities. The water wheel and balloon powered car activities have students working in groups of two or three. Our activities involve using standard middle-grade level classroom tools to investigate and or build, such as pocket microscopes, stereo microscopes, magnifying glasses, forceps, probes, glue guns, scissors, batteries, switches, pliers, etc. with supervision from Smith College undergraduates and a couple of experienced teachers.

We plan on offering the following activities with about 15 students per class:

Exploring engineering design with balloon powered cars

Investigating macro-invertebrates to tell us about water quality

Investigating food chains and webs & dissecting owl pellets

Exploring, building and testing water wheels

**Safety:**

As appropriate, students will wear safety glasses and wear barrier gloves during the activities.

Food or drinks are not allowed in the lab spaces but can be left in designated areas outside each workspace.

Please do not bring any peanut products for snacks to insure the safety of those allergic to peanut products.