

**STUDENTS OUTSIDE ACTIVELY RESEARCHING (SOAR) STEM CAMP AT
WESTMINSTER COLLEGE**

As parent or guardian, I acknowledge that _____ has voluntarily elected to enroll in the SOAR STEM Camp to be held at Westminster College from July 12 - 16, 2021. **I hereby acknowledge and agree to the following:**

PROMOTIONAL RIGHTS: As a condition of participation, I hereby grant Westminster College the right to use, for promotional purposes only, any photographs of my child taken during his/her/their participation in the Camp and any statements or quotes attributed to my child.

RULES AND REQUIREMENTS: My child will behave in accordance with the SOAR STEM Camp Rules. I acknowledge that Westminster College has the right to terminate my child's participation in the Camp if it is determined that his/her/their conduct is detrimental to the best interests of the group or violates any rule of the Camp, at Westminster College's discretion.

RELEASE AND WAIVER OF LIABILITY: I understand and acknowledge that there are potential dangers incidental to my child's participation in the Camp, including risks of damage, bodily injury, and possibly death. I understand that my child may make use of chemicals, biological materials, electronic devices, low-powered lasers, and other scientific apparatus. I understand that my child will engage in outdoor and physical activities, which may include activities in a canoe on the lake. I further understand and agree that any injury, illness, damage, disability, or death that my child may sustain by any means is not the responsibility of Westminster College, including its governing board, trustees, directors, officers, and employees, unless the risks arise from their negligence or intentional misconduct. I release, waive, discharge, and covenant not to sue Westminster College, its governing board, trustees, directors, officers, and employees for any and all liability arising from any injury, damage or death that my child may suffer as a result of his/her/their participation in the Camp, unless caused by their negligence or intentional misconduct.

MEDICAL CONSENT: I understand and agree that Westminster College will not have medical personnel available at the location of the Camp. In the event of any medical emergency, I authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care that Westminster College personnel deem necessary for my child's safety and protection. I further acknowledge that I am responsible for the cost of any and all medical and health services he/she/they may require while participating in the Camp. I understand that the authorization granted herein will be used ONLY when absolutely necessary.

I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

Date: _____

(Signature of Parent or Guardian)