

**RELEASE OF LIABILITY WAIVER FORM FOR ACTIVITIES, CLASSES, AND OTHER PROGRAMS SPONSORED BY“ROCKVILLE SCIENCE CENTER”**

*Rockville Science Center reserves the right to cancel or withdraw a registration of a group based on improper behavior and conduct of child participant and/or parent.*

In consideration for allowing myself or child to participate in programs and other activities at or sponsored by *Rockville Science Center* and further in consideration of the *Rockville Science Center* allowing me and/or my child to enter and use the facilities owned, leased or otherwise provided by the Rockville Science Center (the “Facilities”) undersigned, for myself and for my child and his/her parents, heirs, assigns, personal and legal representatives and estate, fully and completely releases, discharges and holds harmless the Rockville Science Center, and its directors, trustees, officers, employees, agents, insurers, instructors, coaches, caregivers, and volunteers (collectively “its agents and employees”) from any and all claims, actions, causes of action, and damages of any kind whatsoever, including but not limited to claims for personal injury or property damage, arising out of myself and/or my child’s participation in any program or activity at the Rockville Science Center or the Facilities.

The undersigned acknowledges and recognizes there are inherent risks involved in certain activities or recreational activities at the Rockville Science Center and the Facilities and the undersigned and myself or my child assumes the risk of any injury sustained while at the Rockville Science Center or at the Facilities. The undersigned agrees to indemnify, defend and hold harmless Rockville Science Center and its agents and employees from any and all claims arising out of my child’s participation in any program or activity at the Rockville Science Center or the Facilities, even if such claim arises as a result of a negligent act or omission of the Rockville Science Center or its agents and employees.

Name \_\_\_\_\_

Organization Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent signature required if under 18yrs of age)

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**PHOTOGRAPH WAIVER FORM**

I give consent for myself or my child to be photographed, videotaped or filmed while participating in Rockville Science Center activities and for the resulting images to be used by Rockville Science Center for promotional purposes. This release is mandatory for volunteering.

Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent signature required if under 18yrs of age)