

# Rockville Science Center, Inc.

36C Maryland Ave, Rockville, MD 20850 + 240-386-8111

## Accident Waiver and Release of Liability Form

I hereby give my permission for my child (*full name*) \_\_\_\_\_ to participate in the Rockville Science Center's programs. I understand that activities could include the use of potentially hazardous tools and other materials. I also understand that my child(ren) may spend time away from the Science Center in nearby outdoor locations as specified at the beginning of the program (Geology programs only). The participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, of accidents, of illness, and of the forces of nature. The participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Rockville Science Center and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the Rockville Science Center's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program. By my child's participation in a Rockville Science Center program and/or entering our facility, I agree, on behalf of my child, to follow all posted and/or published rules and staff member's instructions. Violation may result in removal from the program and/or suspension from the facility.

Parent/Guardian Name (please print legibly) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Health & Safety Information

Participant Name \_\_\_\_\_ Age \_\_\_\_\_

**The following adults are authorized to pick-up my child** (photo ID must be presented at time of pick-up to verify identity)

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

**Are there any custody issues we should be aware of?** \_\_\_\_\_

**In case of emergency, please contact (list name and phone number for each person):**

Primary Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list any allergies/health conditions that we need to be aware of:** \_\_\_\_\_

**My child requires medication during program hours:** YES \_\_\_\_\_ NO \_\_\_\_\_

Rockville Science Center staff are not authorized to administer medication to children. In addition, children are not permitted to self-administer medication at the Center. If your child requires medication during program hours, a parent or other authorized adult should make plans to stop by the Center to administer the medication at the necessary time. If you have questions about our medication policy, contact us at [info@rockvillesciencecenter.org](mailto:info@rockvillesciencecenter.org).