



WAIVER AND RELEASE AGREEMENT

I understand and accept that there are risks involved in participating in any STEM Academy activity. I am aware of those risks, and I am voluntarily participating in this before/after school activity organized by STEM Academy with knowledge of the risks involved. I knowingly and freely accept any and all such risks of injury, death, and/or property damage, even if arising from negligence, and I agree to this release of liability and assume all responsibility for my participation.

In case of injury or illness, I give my consent to emergency transportation and the administration of first aid, medical and/or dental treatment. I accept responsibility for the payment of any emergency transportation, treatment expenses, and any related or subsequent medical and/or dental bills. I acknowledge that STEM Academy has not purchased and do not provide any medical or accident insurance to cover such expenses. Any such insurance is my sole responsibility.

I waive, release, absolve indemnity and agree to hold harmless STEM Academy, its members, officers, directors, employees, volunteers, agents, or any other representative of STEM Academy against any and all causes of action, claims, demands, losses, expenses, or liability.

I have fully read this document and understand its meaning and legal impact thereof. I voluntarily, of my own free will and without distress or coercion sign this waiver, release covenant not to sue and indemnity agreement.

For Parents/Guardians of participants under age 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releases and for myself. I release and agree to indemnity and hold harmless the releases from any and all liability incidents to my minor child's involvement or participation in these programs provided above, even if arising from negligence of the releases. I give permission to my child to ride a bus from STEM Academy to necessary practice locations. The terms of this release apply to transportation to and from practices and games. STEM Academy will not assume any responsibility for lost or stolen personal belongings including backpacks and laptops.

Participant's Name: _____

Participant's Date of Birth: _____

Participant's School: _____

Parent/Guardian's Name: _____

Street Address: _____

City / State / Zip Code: _____

Phone Number(s): _____

Email Address: _____

Parent/Guardian Signature: _____

Date: _____