

Emerald Coast Science Center
31 Memorial Pkwy SW • Fort Walton Beach, FL 32548
(850) 664-1261 • www.ecscience.org

HEALTH & MEDICAL WAIVER

I, the undersigned, _____ (Consenting Adult) agree as follows: The participant _____ (Printed Name) is physically fit and able to participate in the program activities. I consent to any employee, agent, or other personnel affiliated with the Emerald Coast Science Center (“ECSC Personnel”) to seek medical attention and treatment or other measures deemed necessary or advisable in the event of an accident, sudden illness, or other condition that occurs while the Participant is in the care or under the supervision of ECSC Personnel. I further understand that ECSC Personnel will make reasonable efforts to notify the emergency contact in the case of an accident, sudden illness, or other condition, but I authorize ECSC Personnel to seek such care or treatment, and for any care or treatment to be administered, such, care, treatment, or other measures.

I release the ECSC and all ECSC Personnel from and of any liability for such decisions or actions in seeking medical care, including claims based on negligence and agree to pay all costs and fees for the medical care or treatment authorized under this Emergency Medical Authorization.

(Must be signed by a Parent/Guardian if under 18)

Printed Name

Signature

Date

NEGLIGENCE WAIVER

On _____ (dates), _____ (participant) will be participating in _____ (Program Name/Activity”). I am aware that this program may involve the use of sharp dissection tools, household and commercial chemicals, matches, lighters, candles, and other ignitable materials and the handling of living organisms.

In consideration of being allowed to participate in the Activity, I the undersigned, agree as follows:

I hereby release and hold harmless the Emerald Coast Science Center, its Board of Directors, employees, and agents (“Released Parties”) from any and all claims, losses, liability expense, of whatever nature, that I may have which arise from or in any way relate to the Activity. I understand that this release includes any claims based on negligence. I further agree to indemnify and hold harmless the Released Parties from and against any and all claims, damages, and costs of defense arising out of or relating to the Activity.

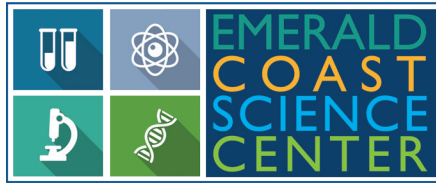
(Must be signed by a Parent/Guardian if under 18)

Printed Name

Signature

Date

Emergency Contact Name / Phone Number



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MEDIA RELEASE

Please read and sign the following optional media release:

The Emerald Coast Science Center may use photography and videos of me or my dependants for education, public relations and marketing purposes related to the Emerald Coast Science Center in all forms of media.

(Must be signed by a Parent/Guardian if under 18)

_____ Participant Name

_____ Signature _____ Date

_____ Printed Name (If different from Participant)

VOLUNTEER AGREEMENT

I understand that as a volunteer I am not entitled to monetary compensation for the work I am performing or to workers compensation or group benefits in the event of injury. Please sign below.

(Must be signed by a Parent/Guardian if under 18)

Volunteer: _____ Date: _____

Parent or Guardian: _____ Date: _____