



GEORGE MASON UNIVERSITY
RISK ASSESSMENT AND RELEASE FORM

Student's name (First & Last): Please Print _____

The purpose of this memorandum is to inform you of certain risks and responsibilities that you will be assuming as a participant in The STEM FOCUS Camp. George Mason University's role in this program is primarily to facilitate its organization. The university is not a tour agent or tour promoter.

I. RISKS AND DANGERS

There are the normal dangers found in any type of travel and outdoor activities including, but not limited to, transportation delays or accidents, insect bites, victimization by criminal activity, and illness. Please consider these risks and dangers carefully before deciding to attend this camp. Please initial here to indicate that you have read and fully understand this paragraph: _____.

II. ADMINISTRATIVE INSTRUCTIONS AND INFORMATION

The STEM FOCUS Camp has provided you with information concerning starting and ending dates and times the Camp will be in session in a separate email. You also received information regarding where you should pick-up and drop-off your child(ren) during the week. You are urged to pay careful attention and follow any instructions very carefully.

III. PHOTOS/VIDEO IMAGES

Parents/legal guardians should be aware that photos will be taken by authorized George Mason staff and media outlet(s) during the camp. The photos will be used solely for George Mason publications or outreach purposes. Initial here if you do not wish to have your child photographed or videoed during the STEM FOCUS Camp: _____.

IV. HEALTH INSURANCE, EMERGENCY INFORMATION, AND AUTHORIZATION

- a. Students (parent or legal guardian) are responsible for providing their own health insurance.
b. The following person should be contacted in case of emergency

Name: _____ Relationship: _____ Telephone: _____
Address: _____ City _____, State _____ Zip _____

- c. If your child become injured or ill while participating in the Camp, you authorize STEM FOCUS staff to act on your behalf in obtaining medical treatment. Please be advised that you are fully responsible for all expenses incurred for any medical care you receive during the program.

V. RELEASE AND WAIVER

George Mason University assumes no responsibility or liability for any injuries to your person or property caused by the acts or omissions of others during the STEM FOCUS Camp.

By signing this form, you are acknowledging that you have been informed about certain risks and responsibilities involved in this program and that you are knowingly and voluntarily assuming them.

By signing this form you also agree, for yourself, your heirs and assigns, to release and hold harmless George Mason University, its employees and agents, from any legal claim or liability for any bodily injury and property damage that is caused to you by the negligent act or omission of third parties while you are participating in the Camp.

While participating in the STEM FOCUS Camp, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Parent's or Guardian's Signature _____ Date _____

Please fill out both sides of form



GEORGE MASON UNIVERSITY AUTHORIZATION FOR MEDICAL & EMERGENCY TREATMENT FOR A MINOR

I, * _____, hereby authorize George Mason University Student Health
(Parent or Guardian: First and Last name)

Services to render medical treatment, which in his/her judgment may be deemed necessary in the case of any injuries, or illness during the one-week STEM FOCUS Camp.

* _____
(Name of minor or dependent: First and Last name)

• Student's Allergies: _____



• Medical History (i.e. Diabetes , Asthma, Seizures, etc.): _____

• List any Medications that the student is currently taking:



• Date of last Tetanus Booster: _____



Student's Doctor's Name: _____

Doctor's phone number including area code: _____

Parent or Guardian Name: _____ *

Home Phone Number: _____

Work Phone: _____ *

Address: _____ **City** _____, **State** _____ **Zip** _____

Person to call in case of an emergency, and phone number, if different than above:

Name: _____ **Phone number:** _____

Parent's or Guardian's Signature

Date

Insurance Information

Insurance Company _____

Policy No. _____ Group No. _____

Mailing address for claims:

Subscriber's Name:

Subscriber's Address and Home Phone Number:

Employment Address and Phone Number:

Please fill out both sides of form