



DSP EXPERIMENTS & ACTIVITIES

WAIVER OF LIABILITY & CONSENT FOR MEDICAL TREATMENT

Please read and sign the following agreement and release:

I, (print) _____, the parent and/or legal guardian of

(print) _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, my express permission to participate in any and all activities at the Discovery Science Place, Inc., 308 N. Broadway, Tyler, Texas.

I agree that I will not hold The Discovery Science Place, Inc. its directors, employees, instructors, and volunteers responsible for any accidents, injuries, or damages to my child/ward related to, arising from, or incurred during my child's/ward's participation in Discovery Science Place activities, whether occurring at 308 N. Broadway in Tyler, Texas or any other location where my child/ward may be participating in Discovery Science Place activities to include any field trips that might be planned. This is a general release of all possible claims of every kind against Discovery Science Place, and this release shall be interpreted liberally to effectuate maximum protection for Discovery Science Place.

In the event there is an emergency necessitating medical attention, I understand that every possible attempt will be made to reach me immediately. However, if I cannot be reached, I hereby consent and give my permission to The Discovery Science Place staff, camp instructors, or any attending physician to make such decisions and perform such medical treatment upon said minor which may be necessary and proper under the circumstances. In addition, I give my permission for any staff member, camp instructor, and/or adult volunteer to seek and/or request transport for this medical attention for my child if I cannot be reached. It is the intention of this release that the above named individuals incur no liability whatsoever while attending the responsible and necessary treatments that may be needed by said minor.

Signature of Parent and/or Guardian

Date

Address

City & Zip

Home Phone

Business/Day Phone/Beeper

Emergency Contact (name & phone other than above) _____

Child's Doctor _____ Phone _____ Hospital _____

Food or Other Allergies _____

Other conditions the DSP instructor should be aware of: *Please explain on back of this sheet.*

As a part of this waiver, permission is given for my child to be photographed and/or recorded during his/her visit to Discovery Science Place.