



## Powerhouse Science Center Parental/Guardian Release of Liability

Child's Name: \_\_\_\_\_ Age and Birth date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address/State/City: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

**Please identify any Special needs, Allergies, Diet restriction, or Medications below:**

\_\_\_\_\_

The Powerhouse Science Center often photographs and/or videotapes our educational programs. The photographs/videos become property of the museum and will be used to further promote our programs, on the website, in marketing brochures and other materials.

**I give the following permission for my child to be photographed or videotaped for the use of PSC promotional materials only (please circle one):**

- Can
- Cannot

I hereby authorize an emergency service agency and physicians or dentist associated with it to administer whatever medical care in their professional opinion is necessary for my minor child listed above. The museum, hospital, and any emergency service agency and their associated physicians, surgeons and/or dentists have the authority to consult as necessary. This authorization is valid while my child is enrolled in Museum Programming both on-site and off-site, or until revoked by me in writing.

I further agree to indemnify, hold harmless, release and forever discharge the staff, volunteers and Board of Directors of the Museum and all its officers, agents, or assistants from any claims which I or my heirs, or any persons acting on my behalf have or may have against the Museum by reason of any accident, illness, or injury or other consequences arising or resulting directly or indirectly from the participation of my minor child identified above in museum programs or events. This authorization is good while my child is enrolled in museum programming or until revoked by me in writing.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**For parents of kids who walk/bike to school only\*:**

*I give my child permission to bike or walk home after class, thereby releasing the PSC of liability when class is over at 4pm:*

\_\_\_\_\_  
\*If you choose *not* to sign the above, PSC teachers cannot allow your child to leave the classroom area until the you (parent/guardian) arrives to personally pick him/her up.