



2021 Camp - Event Release & Waiver of Liability Navarre Beach Marine Science Station Santa Rosa County School District

CAMPER/PARTICIPANT INFORMATION:

Camper/Participant Name: _____ Name of Camp/Event: _____
Can your participant swim?: _____ are you a repeat participant: _____
Birthday: _____ 2021/2022 School Grade: _____ Current Age: _____

LOCAL CONTACT INFORMATION:

Parent/Guardian Name: _____ Relationship to Participant: _____
Address: _____
Phone Number: _____ Email _____
Address: _____

Parent/ Guardian Name: _____ Relationship to Participant: _____
Address: _____
Phone Number: _____ Email _____
Address: _____

MEDICAL INFORMATION:

IMPORTANT!: Please list ANY physical limitations, medical problems, and/or special dietary/medical needs:

[medicines must be administered by the parent] **If no special considerations need to be made, please initial here:** _____

RELEASE AND WAIVER OF LIABILITY:

I give permission for the Navarre Beach Marine Science Station staff to provide any medical assistance they feel appropriate for my child named above. I also give permission for any emergency personnel to treat my child in the event of an emergency. I will be responsible for any and all medical expenses that may be incurred. In consideration of the right to participate in the Navarre Beach Marine Science Station Education Program, I, for myself and my minor child, have and do hereby assume all risks and will indemnify and hold harmless the, Santa Rosa County School District, its employees, trustees, officers, volunteers, and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my child's participation in any activities sponsored through the NBMSS, whether caused by ordinary negligence or otherwise. This signed agreement will serve as a release or assumption of risks for my heirs, executor and administrators, assigns, or next of kin and for members of my family. If any portion of this release is found invalid, the balance will remain in full legal force and effect.

Signature of Parent/ Guardian (Minors may not sign this form)

Date Signed

MEDIA RELEASE:

I, _____ give the NBMSS and Santa Rosa District Schools permission to photograph my child and to record voice, performance, poses, acts, plays and appearances. I further grant NBMSS, Santa Rosa District Schools, all rights to use these sound, still, and moving images and other reproductions of physical likeness in any medium for educational, promotional, advertising, or other purposes that support the mission of the school or district. I agree that all rights, including the unlimited distribution, advertising, promotion and exhibition to the sound, still, or moving images belong to the NBMSS and district.

Signature of Parent/ Guardian (Minors may not sign this form)

Date Signed