



Parental/Guardian Release of Liability

Child's Name: _____ Age and Date of Birth: _____

Parent's Name: _____ Phone Number: _____

Parent's Email Address: _____

Alternate Emergency Contact: _____ Phone Number: _____

Address/City/State: _____

Child's Physician: _____ Physician's Phone: _____

Please identify any special needs, allergies, diet restriction, or medications below:

Building Connections, Building Relationships (BCBR) STEM Girls Camp often photographs and/or videotapes our participants. The photographs/videos become the property of the camp and will be used to further promote our programs.

** (Please check one) My child CAN or CAN NOT be photographed or videotaped for the use of BCBR promotional materials only.

I hereby authorize any emergency service agency or physician and dentist associated with the emergency service agency to administer whatever medical care in their professional opinion is necessary for my minor child listed above. The hospital, and any emergency service agency and their associated physicians, surgeons, and/or dentists have my authority to consult as necessary. This authorization is valid while my child is enrolled in BCBR STEM Girls Camp 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 all its officers, agents, and assistants from any claims which I or my heirs, or any persons acting on my behalf have or may have against the STEM Girls Camp by reason of any accident, illness, injury or other consequences arising or resulting directly or indirectly from the participation of my minor child identified above in camp programs or events. This authorization is good while my child is enrolled in STEM Girls Camp or until revoked by me in writing.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Policies and Procedures Form

I understand that when children learn and play in the outdoors there is a possibility of injury.

I understand that all campers are expected to follow rules and regulations set by BCBR STEM Girls Camp administrative staff.

I understand that all campers will be subject to BCBR STEM Girls Camp disciplinary policies and procedures.

Staff is prepared to deal with minor behavior, however excessive and disruptive behaviors (e.g.: physically or verbally hurting other children, stealing, property damage, leaving the premises or group without permission) will be handled in the following manner:

- *First offense:* Camper will be isolated for a time out and cool-down
- *Second offense:* Parent will be notified
- *Third offense:* Camper will not be allowed to return to camp

I understand that BCBR STEM Girls Camp staff is not responsible for any of the children's belongings. *Campers should not bring any electronics or other personal items to camp. Please do NOT send money to camp unless it is absolutely necessary.*

I understand that if my child needs to take medication while at the program I will have provided the medication along with the appropriate signed permission slip.

- *Epi Pen and Asthma Inhaler permission forms are provided.*
- *Basic medication permission forms are provided.*

I understand that by signing this liability release form, I give permission for my child to participate in BCBR STEM Girls Camp. I understand that every effort will be made to protect and safeguard participants. Therefore, I agree not to hold BCBR STEM Girls Camp, the volunteers or staff liable for any illness or mishap occurring during camp. I authorize any treatment by an accredited hospital and/or physician if it is deemed necessary for my child. My signature below gives permission for those supervising my child at BCBR STEM Girls Camp to have access to this information.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Please return the liability forms to buildherbridge@gmail.com or at check-in on the first day of camp. Students will not be able to participate in the camp until the liability forms are returned.