

James Madison University – mdiSTEM Conference - March 23, 2024

RELEASE FORM FOR CONFERENCE PARTICIPATION

Name of Child Attending	
Name of Parent or Guardian	
Contact Phone Number During Conference	() -
Name of Emergency Contact Person (different from above)	
Emergency Contact Phone Number	() -

Participation in the madSTEM Conference presents the risk of injury. This exculpatory release confirms that the person who signs below accepts all aspects of that risk for the student participant listed above.

PARENTAL PERMISSION:

I give full permission for my child to attend the mdiSTEM Conference held at James Madison University on the date of March 23, 2024.

MEDIA RELEASE:

I hereby consent to my minor participant being photographed by James Madison University or the mdiSTEM conference, and I hereby grant permission to the University or mdiSTEM to use or reproduce any such video or photographs for the University's educational or promotional purposes only, in print, electronic form, or other media without any further compensation to me. Such videos and photographs shall be solely owned by the University. I hereby waive any right to inspect or approve such photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs. I hereby agree to release and hold harmless the University from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any re-use, distortion, blurring, alteration, or use in composite form.

MEDICAL RELEASE:

I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me. I understand that I am fully responsible for all expenses incurred for any medical care that my child receives during the program. I understand that the program will not be providing health insurance coverage for my child. I also understand that mdiSTEM Conference staff will not be able to administer non-lifesaving medication to my child (including pain relievers, nausea medication, etc).

Submit your forms digitally by Wednesday, March 20th, via the Adobe Sign link that you received via email or bring completed paper forms to the conference check-in table on Saturday, March 23rd.

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WAIVER OF LIABILITY:

I agree to indemnify, release and hold harmless the madiSTEM Conference, James Madison University, the Commonwealth of Virginia, and their respective officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, or causes of action on account of any loss or damage to person or property of the aforementioned child arising out of or in connection with their participation in the aforementioned conference and related conference activities.

As the parent and/or guardian of the minor named above, I have the legal authority to execute the above releases. I have read the above releases and understand their contents. I certify that I am at least 18 years of age. I approve the foregoing and waive my rights in the premise.

**Parent/Guardian
Signature:**

Date:
