

Parent/Guardian Permission and Release: Wonder Workshop

I grant permission for my daughter/minor _____, for whom I am legally responsible, to
Please print your child's full name

attend the event, Wonder Workshop ("WW"): _____ held at _____, a program of Carnegie Science Center, a component of the Carnegie Institute (collectively, "CSC") and to participate in the additional activity, if any, identified below while at the event (individually and together, the "Activity"). I understand that there are risks, as well as benefits, associated with the Activity. **In consideration of the benefits of the Activity, I, for myself and my child and our heirs, next of kin, executors and insurers, hereby irrevocably and unconditionally release CSC, and those acting with or for CSC, from any and all claims, losses, costs and liabilities of every kind due to accidents, injury, or other harm to my child relating to participation in the Activity.** I represent that I am over 18 years of age and have full authority to enter into this Permission and Release.

Parent/Guardian Name _____ Please print Phone # _____
Please provide # where you can be reached during event

Parent/Guardian Signature _____ Date _____

Behavior Agreement

Additionally, I understand that any child exhibiting behavior that may cause harm to themselves, other participants or staff may be immediately removed from the Activity without a refund and/or may not be permitted to participate in any subsequent WW events. These behaviors include, but are not limited to, hitting, kicking, biting, sexual harassment, verbal harassment, using inappropriate language, bullying and/or possessing weapons or illegal substances.

Parent/Guardian Signature _____ Date _____

Photographs & Quotes

Furthermore, for valuable consideration that I acknowledge, I grant permission to CSC and to those whom CSC may authorize, to photograph, film, videotape, audiotape, quote or otherwise record statements made by my child named above in connection with the above identified Activity, to identify my child by name and/or with school information in relation to any quotes or recorded statements attributable to my child (collectively, "Images & Information") and to use or reproduce and/or publish the Images & Information, in all forms of media now known or later developed, for the promotion of CSC and its programs (e.g. catalogs, brochures, website, magazines, text panels, social media sites, etc.) all without notifying me. I understand that the Images of my child will NOT be used with my child's name, but may be used with the name of my child's school. I waive any right to approve the finished and/or final Images & Information, including without limitation any and all quotes. I understand that since my child's participation is voluntary, I/my child will receive no financial compensation. **I, for myself and my child and our heirs, next of kin, executors and insurers, hereby irrevocably and unconditionally release CSC, and those acting with or for CSC, from any and all liability relating to CSC's use of the Images & Information as set forth above.**

Parent/Guardian Signature _____ Date _____

**Note: In the event this form is not signed and returned to us by the date of the Activity, participant will not be permitted to take part in the Activity.*