

PARTICIPANT FORM

Event Name: _____ Event Date: _____

Participant Info

First Name: _____ Last Name: _____

Birthday: _____ Grade in Fall: _____ Gender: _____ Ethnicity: _____

Epi-Pen Required: Yes No Allergies or Prescribed Medication: Yes No

Epi-Pen Requirements: _____

Allergies or Prescribed Medications: _____

(If any allergies or prescribed medication, please have Authorization for Severe Allergy, Emergency Medical Care or Prescribed Medications forms completed by a doctor.)

Special Needs: _____

(If your child has any special needs, medical conditions or severe allergies that are not self-managed and warrant special care or instructions, please call 800.968.4332 a minimum of 2 weeks prior to the start date of the program to inquire about accommodation allowances.)

Parent/Guardian Info

First Name: _____ Last Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Alternate Transportation

Name/Relationship: _____ Phone Number: _____

Photography Release: Yes No

You authorize Camp Invention/Invention project, its sponsors and affiliates, to obtain, store and/or use (without payment) any photographs, slides and/or videotapes of your child for public relations, marketing/advertising and/or internal training purposes.

Parent/Guardian Signature: _____ Date: _____

Payment Information

Not applicable, already paid

Total Price: _____ Voucher/Total: _____ Coupon Code/Total: _____

Check Number: _____ Donation to help send an underprivileged child to camp: _____

VISA DISCOVER Master Card Credit Card Number: _____

Name on Card: _____ Exp. Date: _____

Signature: _____ Date: _____

IMPORTANT INFORMATION ABOUT YOUR PROGRAM

You must accept these Terms and Conditions for your child to participate in this program.

1. Refund Policy:

The registration price includes a non-refundable fee of \$50 for Camp Invention and Invention Project participants and a non-refundable fee of \$20 for Counselor-in-Training, up to three weeks prior to the first day of the program. All cancellations after this time will result in a loss of the entire amount paid. As a nonprofit, these costs have been allocated towards materials and team members. Please keep in mind as long as there is availability, you may switch programs up to one week prior to the beginning of the originally registered program.

2. Acceptable Behavior Policy:

To ensure a safe and fun environment for all, children are expected to behave in an acceptable manner and use appropriate language at all times. It is important to remember that there are no refunds if a child is asked to leave Camp Invention/Invention Project due to unacceptable behavior.

3. Liability Waiver:

You can have full confidence that precautions will be taken to ensure the safety of your child and that your child will be supervised by certified teachers during the week of your program. On your own behalf and as parent and guardian, you acknowledge and agree that there is the possibility of physical injury or loss associated with your child's participation in the Camp Invention/Invention Project program and/or any Extended Day activities. You hereby release, discharge Camp Invention, its affiliated organizations, employees and associated personnel including the owners of the camp facility against any and all claims, liabilities and/or damages as a result of your child's participation in the program.

4. Emergency Treatment Authorization:

You hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of your child, should a medical emergency occur, which the attending medical professional believes requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement or impairment, or undue pain, suffering or discomfort, if delayed.

Permission is granted to the attending physician to proceed with any examination, diagnosis and medical or minor surgical or other treatment. In the event of a medical emergency you understand that every attempt will be made by the attending physician to contact you in the expeditious way possible. The authorization is granted only after a reasonable effort has been made to reach you. Permission is also granted to the National Inventors Hall of Fame, Inc. and its affiliates to provide emergency treatment prior to the child's admission to the medical facility.

This release is authorized for the duration of the registered session. This release is authorized and executed of your own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in your absence.

5. Take Apart Waiver: *(for Camp Invention only)*

Full Participation – This means you are approving your child to participate in the Take Apart portion of camp and use, with supervision, common hand tools to disassemble the used/broken appliance you send for camp. You acknowledge there is an increased risk of injury and release Camp Invention from liability.

Partial Participation – This means you are opting your child out of the Take Apart portion of camp. They will help their teammates by designing the construction of their group invention prototype. Your child will be wearing the same safety gear as those doing "Full Participation" but tasks for these children will not be mechanical and they will not be allowed to handle the Take Apart tools nor disassemble any items.

CONFIRMATION

Your signature below, whether written or electronically typed, is accepted as a binding agreement. You accept that you have read and agreed to the Terms and Conditions of the program.

Parent/Guardian 1 Parent/Guardian 2 Parent/Guardian Signature: _____ Date: ____ / ____ / ____

You are the sole legal Parent/Guardian Parent/Guardian Signature: _____ Date: ____ / ____ / ____

If you have any questions or concerns, please do not hesitate to call us at **800.968.4332** or email us at **campinvention@invent.org**. Camp Invention, a program of the National Inventors Hall of Fame, is a 501 (c)(3) organization. Our Federal Tax ID number is 34-1580038.