

S.T.A.R. SUMMER CAMP 2019

PARENT/GUARDIAN APPROVAL OF STUDENT PARTICIPATION

I understand that St. Cloud Technical & Community College may take photographs and videos of camp participants and activities. I agree that the college shall be the owner of and may use such photographs relating to the promotion of future camps. I relinquish any rights that I may claim in relation to the use of said photographs and videos.

If your daughter/son or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent for medical treatment. In case of illness or injury (if you cannot be reached), permission is granted to treat the participant at an appropriate medical facility. By signing below you are giving your consent in advance for medical treatment/and transportation.

Furthermore, as a participant in the camp, I hereby state that I am aware of and accept the risk inherent in the program activity. The undersigned does here-by agree to hold harmless and indemnify St. Cloud Technical & Community College and the Minnesota State College and University system, their officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp.

Participant Name (please print)

Gender: Boy____ Girl ____ Grade in Fall 2019_____

T-shirt size: S____ M____ L ____ XL_____

Signature of Parent/Guardian

Date