

**Lexington Summer Science Program
Liability Waiver and Consent Form**

Student Name:

Parent/Guardian Name:

Program: Lexington Summer Science Program offers a non-credit science enrichment course to students entering grades 7-10, on August 19th through August 23rd, 2019, from 9 AM to 3 PM.

Liability Release

While we try to minimize the risk posed to students and follow necessary safety protocols, by its nature the program involves potentially dangerous elements such as usage of chemicals and electrical components. As the undersigned parent/guardian of the above-listed Student, I hereby consent to his/her participation in the above-listed extra-curricular program/activity and do forever RELEASE, acquit, discharge, and covenant to hold harmless Lexington Summer Science Program (“LSSP”) and the Beit Chaim Meir Chabad Center of Lexington (“Chabad”) from any and all actions, causes of action and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent/guardian of the Student, and also all claims of right of action for damages which the Student has or hereafter may acquire, either before or after he/she has reached his/her age of majority resulting from his/her participation in the Lexington Summer Science Program extra-curricular program/activity. I acknowledge that the Student’s participation in this program/activity is voluntary and that his/her participation is not required.

In consideration for allowing my Student to participate in the above-listed extra-curricular field trip/activity, I, as the legal representative of my Student, agree to indemnify Chabad, LSSP and their students, employees, agents, in the event that any action, charge, and/or claim is brought against the foregoing, which is in any way related to, arising from and/or growing out of, directly or indirectly, my Student’s participation in the extra-curricular program/activity.

I agree to allow personnel responsible for the extra-curricular program/activity to authorize medical care for my Student if they, in their sole discretion deem it to be in the Student’s best interest. I agree to promptly reimburse personnel for all expenses incurred for services for the Student.

Recordings Release

I grant LSSP the royalty-free right and license to record my Student’s participation and appearance on digital photography, video tape, audio tape, or any other medium during LSSP 2019, to be used only for written, electronic, and web publications that support LSSP’s not-for-profit mission.

I have read this entire Release. I fully understand the entire Release and I agree to be legally bound by the Release.

Parent Signature

Print Name

Date