



CONSENT AND RELEASE FORM

I, the undersigned, hereby authorize Challenger Learning Center of Maine (Challenger) to photograph, record, and re-record my likeness, activity and voice. I consent to the use of my image, likeness, voice, activity, and biography for purposes including but not limited to program and institutional publicity, supplementary literary material, promotional presentations, and all other print and broadcast purposes supporting Challenger programs. I waive any right to inspect or approve the finished product and give permission to Challenger to edit and adapt my participation, as it deems appropriate.

I further relinquish to Challenger all rights, title and current and future interest I may have in still photographs, videotapes, sound recordings, negatives, prints, reproductions, and copies of the originals. I understand and consent that these items belong entirely and exclusively to Challenger. I give my permission for Challenger to copyright this material so that the Challenger Center for Space Science Education and its licensee and assigns may duplicate, distribute, broadcast, exhibit, or otherwise use any portion of it without limitation or restriction throughout the world in perpetuity. I intend to be legally bound by this release.

(NOTE: Failure to sign this form will not exclude you from participating in the activities at the Challenger Center. We will simply honor your right to not be photographed or interviewed.)

Full Name of Participant (please print) _____
Signature (if 18 years of age or older) _____
Email* _____ Date _____
Address _____
City/State/Zip _____
Phone _____ Cell _____

If the individual is under 18 years of age:

I hereby certify that I am the parent and/or guardian of the minor named above. I have read the agreement, authorization, and release before affixing my signature below, and warrant that I fully understand the contents thereof and agree to be legally bound by this document with the same force and effect as if executed by me.

Full Name or Parent/Guardian (please print) _____
Signature of Parent/Guardian _____
Date _____

**Email address is used only by Challenger for sending periodic e-newsletters and updates on programs.*

30 Venture Way / Bangor ME 04401 / astronaut.org / 207-990-2900 tel. / 207-990-2040 fax



CHILD'S LAST NAME _____ DATE _____

RELEASE, PARTICIPATION WAIVER, MEDICAL AUTHORIZATION

PURPOSE: To release the Challenger Learning Center of Maine (Challenger) from liability (other than intentional acts) associated with participation in Challenger's Camp, and to enable parents or guardians to authorize the provision of emergency treatment for their children who are injured or become ill while under the authority of Challenger in the event that the parents or guardians cannot be reached.

RELEASE OF LIABILITY: This release is intended to be complete, unconditional, and as broad as the law will allow. The undersigned, on behalf of the participant, hereby waives, releases and discharges Challenger and the officers, agents, servants, employees and lessors of Challenger from any and all liability, claims, demands, or actions whatsoever arising out of any damage, loss, or injury to the participant or the participant's property while upon the premises of Challenger or while participating in any activities sponsored by Challenger, whether such loss, damage or injury results from the negligence of Challenger, its officers, agents, servants, employees, or lessors or from some other cause. This release form is complete and signed freely and with full knowledge of its significance.

I understand that this release is intended to extinguish negligence liability. I understand that this release will be construed and interpreted under Maine law. I understand that in the event of an emergency, reasonable attempts will be made to contact a guardian or immediate family member. In the event that one cannot be contacted, I request and authorize medical personnel to provide all reasonably necessary medical care to the participant including, but not limited to, hospital tests and administration of medications. I understand that Challenger and its officers, agents, servants, employees, or lessors will not administer any drugs or medications to the participant.

Name(s) of Participant (child or children) and DOB _____

Name of Parent or Guardian _____

Signature of Parent of Guardian _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

EMERGENCY CONTACT INFORMATION (two contacts must be provided):

NAME _____ NAME _____

PHONE home _____ PHONE home _____

work _____ work _____

cell _____ cell _____

RELATIONSHIP _____ RELATIONSHIP _____

MEDICAL HISTORY

Physician's Name _____ Phone _____

Is tetanus immunization up to date? _____

Dentist's Name _____ Phone _____

Primary Insurance Company _____ Phone _____

Billing Address _____

Policy Holder's Name _____

ID# _____ Group/Policy # _____

List any limiting medical conditions that you or your doctor feel would limit camp participation _____

Indicate any medication and condition being treated that may interfere with ability to safely participate in camp _____

Explain any allergies or reactions to medications, food, insect stings or plants _____

Explain any history, or current medical condition with which we need to be aware, if not indicated above _____