

Envision the Future

A STEM PROGRAM FOR GIRLS AGES 11 - 13

A Southeastern Massachusetts STEM Network Initiative in Collaboration with CONNECT



RELEASE AND ACKNOWLEDGEMENT

I, the undersigned, desire that _____ (Child) participate in the Envision the Future program (the “Program”) sponsored by SE MA STEM Network and CONNECT Partnership (“Licensee”) at facilities of Bridgewater State University (the “University”). I am the parent or legal guardian of Child. In consideration of Child’s participation in the Program, I hereby agree as follows:

Conduct that is disruptive or in violation of University policies or rights of others, including, but not limited to, hazing, bullying, harassment, intimidation and bias, in any manner or media, will not be tolerated and may result in removal from University facilities.

In consideration of the permission granted by University to allow Child to access its facilities, grounds and/or fields and/or to use University-provided transportation, I agree for myself, Child, our heirs, personal representatives, and assigns to hold harmless, release, and forever discharge the Commonwealth of Massachusetts, the Bridgewater State University, the Board of Higher Education, their trustees, officers, employees, agents, and volunteers from and against any and all claims, demands, suits, causes of action, liabilities, costs, and expenses arising out of or relating to, directly or indirectly, in whole or in part, the Program or any occurrence in, upon, at or about any property owned or controlled by the University.

I understand and agree that the University does not have medical personnel available at all times. In the event of a medical emergency, I grant permission to the medical provider selected by Licensee or University personnel to secure necessary medical treatment for Child, including but not limited to, medical and surgical treatment, hospitalization and other medical and/or hospital procedures and tests. I agree that such action by the University shall be subject to the terms of this Agreement and that the University assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment. I assume the financial responsibility for the cost of any health care for Child.

I acknowledge that I have read the foregoing document carefully and understand its contents and significance.

This document shall be governed and construed under the laws of Massachusetts. If any term or provision of this release and hold harmless agreement shall be held illegal, unenforceable, or in conflict with any law governing this release and hold harmless agreement, the validity of the remaining portions shall not be affected thereby.

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____

Date: _____

Address: _____

Home Phone: _____ Cell phone: _____