

# Envision the Future

A STEM PROGRAM FOR GIRLS AGES 11 - 13

A Southeastern Massachusetts STEM Network Initiative in Collaboration with CONNECT



## RISK ASSESSMENT & RELEASE

Student's Name (Please Print): \_\_\_\_\_

**The purpose of this form is to inform you of certain risks and responsibilities you will assume while your child is participating in the Envision the Future program. Bridgewater State University's role in this Program is primarily to facilitate its organization and support its operation.**

### 1. RISKS AND DANGERS

Like every other program that serves youth, a normal level of danger is associated with many activities and travel including, but not limited to, transportation delays or accidents, insect bites, victimization by criminal activity, and illness. Carefully consider these risks and dangers before deciding to allow your child to participate in the Envision the Future program.

### 2. ADMINISTRATIVE INSTRUCTIONS AND INFORMATION

You have been provided information concerning the dates, times, duration and location of scheduled events in which your child will participate. You are urged to carefully read all information and, if uncertain about anything, contact the Envision the Future program office prior to authorizing your child to participate. You may email the Program Coordinator, Ms. Katherine Honey, at [khoney@comcast.net](mailto:khoney@comcast.net). You may contact CONNECT Executive Director Stacey Kaminski by calling (508) 531-1437 or emailing: [stacey.kaminski@connectsemass.org](mailto:stacey.kaminski@connectsemass.org).

### 3. HEALTH INSURANCE, EMERGENCY INFORMATION AND AUTHORIZATION

Parents or Legal Guardians are responsible for providing health insurance for their children. The following person should be contacted in cases of emergency:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone Number \_\_\_\_\_

### 4. PARENT/LEGAL GUARDIAN RELEASE AND WAIVER

If your child becomes ill or is injured while participating in any Envision the Future program activity, your signature below indicates that you authorize its officials/staff members to obtain medical treatment to address the problem. Be advised that you are fully responsible for all expenses incurred for any medical care provided your child while participating in the Program.

*\*Please Complete Both Sides of This Form\**

# Envision the Future

A STEM PROGRAM FOR GIRLS AGES 11 - 13

A Southeastern Massachusetts STEM Network Initiative in Collaboration with CONNECT



Bridgewater State University assumes no responsibility or liability for any illness or injury to your child or her property caused by the acts or omissions of others during participation in the Envision the Future program.

By signing this form, you are acknowledging that you have been informed about certain risks and responsibilities associated with participation in the Envision the Future program and that you knowingly and voluntarily assume them.

You also agree, for your child, yourself, your heirs and assigns, to release and hold harmless Bridgewater State University, the Envision the Future program, BSU employees and agents, from any legal claim or liability for any bodily injury and property damage that is caused your child by the negligent act or omission of third parties while the youth is participating in the Program.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## 5. STUDENT PROMISE

While participating in the Envision the Future program, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date