West Virginia University Institute of Technology
STEM Summer Academy for Girls
Participation and Medical Release Form

Participation in any activity of any type is at your own risk. You are advised that participation may expose you (or your child) to potential risks of physical harm or damage to personal property. You will be held personally responsible for any expenses you may incur as a result of any injuries sustained or damage to personal property sustained while participating in activities.

It is therefore agreed and understood that the undersigned freely and voluntarily chooses to assume personal liability for any injury that may occur as a result of participation by you or your child in activities and for any damage sustained to personal property. The undersigned further agree to save and keep harmless and indemnify WVU Institute of Technology (WVU Tech) against any and all liability, claims, and costs of whatsoever kind and nature of injury, death and for loss or damage to any property occurring in connection with or in any way incident to or arising from participation in any activity, resulting in whole or in part from the negligent acts, fault or omissions of WVU Tech, any member, employee, agent, or representative of WVU Tech.

Student Name (Print):_____

Signed:_____ Date:_____
(Parent or Guardian)

I hereby grant permission to the STEM Summer Academy for Girls or WVU Tech to render any health care or emergency treatment to my son/daughter/ward. I also grant permission for the director of the Academy (or his/her designee) to arrange for healthcare, emergency treatment or hospitalization at an accredited hospital or other medical, psychological, or dental care facility when considered necessary by the Academy director or designee.

Student Name (Print):_____

Signed:_____ Date:_____
(Parent or Guardian)

Day Phone: (____) _____ Evening Phone: (____) _____

Alternate Emergency Contact:_____

Relationship to Student:_____ Phone: (____) _____

Does your son/daughter have medical insurance? _____Yes ____No
(Parents/guardians are responsible for all medical expenses incurred by the student)

*******PLEASE PROVIDE A COPY OF YOUR CURRENT MEDICAL INSURANCE CARD*******

Health Insurance Company:
Policy Number:
Company Phone Number:
Group Number/Code:

You *MUST* Include a *CURRENT* copy of your medical insurance card for our records!