Parental Consent and Release

Liftoff with STEM 2015!

participating in UNL Atmospheric, Ocean Sciences. I certify the and photographs). If	ic & Space Sciences (CAOS nat my child is able to partic Tmy child has medical cond	ice Camp. Sponsored by the Center for S), and the Department of Mathematical ipate in all activities of this event (videos itions which may be relevant to a
emergency occurs, I authorize a UNLV en	may be reached at the telep mployee or designate to ma	isted them below. In the event an hone number listed below. I hereby ke emergency medical decisions for my
them below.		y child to be involved in, I have listed
Special Dietary Nee	to be aware of:	
⊔Male ⊔Female, C	rade	
	(s) where I may be reached Night/Home	Cell
		ving
	cked up from camp by the	
		Phone
Name:	·	PhonePhone
	the camp after 12:00 p.m ture Print Name(s):	
	Signature:	
	Date:	_
MAY BE ENCOUN PRELIMINARY AN agents and employee claims expenses, and or which may arise in other associated activ FOREGOING RELE THIS RELEASE AN	TERED ON SAID ACTIVE ID SUBSEQUENT THERE is, harmless from any and all damages on account of inju- in the future in connection we wities. I further sate that I HE EASE AND KNOW THE CONTENT DWN FREE ACT. This is a	ASSUME ALL THE RISKS WHICH TY, INCLUDING ACTIVITIES TO. I hereby agree to hold UNLV and its il liability, actions, causes of actions, ary resulting in death, which I now have with the activity or participation in any IAVE CAREFULLY READ THE ONTENTS THEREOF AND I SIGN TS THEREOF AND I SIGN THEREOF
Parent or Guardian	 I	Date