



The FAB LAB Youth Leadership Program LEVEL UP Summer Camp Waiver Form



Choose your camp: Level 1 Camp – June 3rd – 7th Level 2 Camp – June 10th – 14th

Participant Name: _____ Birthdate: _____ Age: _____ Sex: _____

Grade: _____ School: _____ T-Shirt Size: _____

Address: _____

City: _____ Zip: _____ Parish: _____

Email Address: _____ Phone: _____

Parent/Guardian's Name: _____ Phone: _____

Emergency Contact's Name: _____ Phone: _____

Additional Authorized Pick-Up Person (s): _____

Allergies and/or Medical Conditions to be aware of: _____

Waiver Agreement

Liability: I agree to release and hold harmless Southern University and A&M College, the Southern University Agricultural, Research and Extension Center, their successors, agents, trustees, assignees, officers, employees, representatives including the College of Agricultural, Human and Environmental Sciences and The FAB LAB employees and volunteers from any and all claims or liability to any accident that may arise as a result of participating in the FAB LAB Entrepreneurs Program.

I understand that sewing includes the use of machines, needles, scissors, irons and other tools and equipment. These activities include risks that can cause or lead to injury. If participant is under the age of 18, I grant permission for my child to operate machines and use tools and equipment. I give permission for first aid and/or medical treatment to be given if the need arises.

Behavior: The FAB LAB reserves the right to withdraw a student from camp for inappropriate behavior. Due to the nature of working with machinery, the FAB LAB will not tolerate behavior deemed dangerous or harmful.

Photographic Release: I grant Southern University and A&M College, The Southern University Agricultural, Research and Extension Center, The FAB LAB, their representatives, employees and volunteers the right to take photographs of me and/or my child in connection with the FAB LAB. I authorize the entities stated above to copyright, use, and publish without mention of my or my child's name the same in print and/or electronically. I agree that the entities stated above may use such photographs of me/my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I certify that I have read the above waivers and agree to all terms.

A parent or guardian must sign for children under the age of 18.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please email this form to samii_kennedybenson@subr.edu by May 24th