

**STEM YEA Waivers, Permissions and Agreements**

**Permission to attend STEM YEA**

I, the parent or guardian, give permission for my child to attend the STEM Youth Explorer Academy at Kutztown University. I understand that the Academy begins on Thursday, July 6, 2023 at 12:00 p.m. and concludes at 7:00 p.m. on Sunday, July 9, 2023. I understand that my child will be staying overnight in the Kutztown University dormitories under the supervision of Rotary Club volunteers who have received all background clearances required by the Pennsylvania Department of Education for volunteers who supervise school students. The Rotary volunteers will also have the Rotary Youth Protection Clearances.

**Permission for use of Images by Kutztown University and Rotary STEM YEA**

STEM YEA will be using the following to make a record and to promote STEM YEA:

1. Broadcast and Print Media
2. Brochures
3. Social Media
4. Annual Reports
5. Online Web Pages
6. Rotary Publications and Media
7. Other media

I, the parent or guardian, hereby give consent to Rotary, STEM YEA and Kutztown University to use the name and image of my child in media (as listed above), for an indefinite period of time.

**MEDICAL Consent:** I understand and agree that Kutztown University/Rotary STEM YEA may not have medical personnel available at the location of the Academy. **In the event of any medical emergency, I do \_\_\_/do not \_\_\_ authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care that Kutztown University/Rotary STEM YEA personnel deem necessary for my child’s safety and protection (please choose one when signing).** I understand and agree that Kutztown University/Rotary STEM YEA assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I further understand that in the event that my child experiences any condition requiring emergency medical treatment, Kutztown University/Rotary STEM YEA may direct that my child be transported to the hospital for such care.

Name of parent or guardian(printed)\_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Name of Student (printed)\_\_\_\_\_

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

Date \_\_\_\_\_