CHABOT SPACE & SCIENCE CENTER

Overnight Participant Medical Release & Emergency Authorization

(Required for all registrants)

Youth Groups: Please return completed forms to your group leader no later than 10 days prior to your visit.
All others: Return by email to: Overnights@chabotspace.org or Fax to 510•336•7491

EMERGENCY CONACT

Group Name: _____**Group Leader:**_____

Reservation Date: _____**Participant's Name(s):** _____

PARENT/GUARDIAN CONTACT:

Parent/Guardian's Name: _____

Address: _____City: _____

State: _____Zip: _____Email Address: _____

Day Phone: _____Evening Phone: _____
Cell Phone: _____

IN CASE OF AN EMERGENCY NOTIFY:

Name: _____
Relationship: _____
Address: _____
Day Phone: _____Evening Phone: _____
Cell Phone: _____

PARTICIPANT'S GENERAL HEALTH INFORMATION

Allergies: _____
Medications: _____
Special Needs:

PARTICIPANT'S PHYSICIAN

Name: _____
Telephone Number: _____ Hospital: _____
Medical Insurance Provider: _____
Policy #: _____ Expiration Date: _____

MEDICAL RELEASE

I, _____, hereby give permission for my (son/daughter/ward/self),

_____, to participate in Chabot Space & Science Center's Overnight Program
I understand that the overnight program will take place at Chabot Space & Science Center and will include astronomical, technological, and other science-related activities. I understand that participation in this event is voluntary.

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Waiver: In consideration of being permitted to participate in any way in the above program I hereby release Chabot Space & Science Center and its representatives from liability from any and all claims, resulting in personal injury, accidents or illnesses, and property loss arising from participation in the above program. I also give consent for photos of my child to be used in promotional materials, including brochures, flyers, print ads, and the website unless I have notified Chabot Space & Science Center otherwise. I understand that overnighters will not be identified by name on any promotional materials.

I have read the previous paragraphs and I understand that there are risks inherent in participating in this program. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

_____ _____ Participant's Age _____

Signature Date (if minor)

Authorization for Medical Treatment

I, _____, do hereby authorize those in charge to furnish reasonable emergency treatment of registrant(s) during the course of the overnight program.

In the event that my (son/daughter/ward/self) becomes ill or sustains an injury while in the care or under the supervision of the directors, counselors, or instructors of the Chabot Space & Science Center, any of its professional staff is given permission to administer First Aid for relief.

If it is not practical to return my child to me or to receive my instructions for his/her care, I do hereby authorize Chabot Space & Science Center as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under the provisions of the Medical Practice Act by the medical staff of a licensed hospital whether such diagnosis or treatment at the office of said physician or at a hospital.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the dates of the program being attended. I further understand that every effort will be made to immediately contact me should any illness or accident occur to my child during the course of the program.

I will not hold liable Chabot Space & Science Center or its directors, agents, or professional staff for medical aid rendered and will reimburse Chabot Space & Science Center or its directors, agents, or professional staff any medical or other expenses incurred in the care of myself or my child/children.

_____ _____

Signature of Parent/Guardian of Minor Date

PHOTO RELEASE

I, _____hereby give permission for my son/daughter/ward/self to appear in promotional photos, films, videos, web site or other media sponsored by Chabot Space & Science Center, to be taken at the Science Center and other locations. I understand that participation in this event is purely voluntary and without compensation, and that all material and images from this photo/film/video session(s) or other media will be owned solely by the Chabot Space & Science Center. I hereby give permission to Chabot Space & Science Center to use, display, license, sell, publish, etc. the images taken of me/my child for all purposes, including those of advertising and trade for Chabot Space & Science Center.