

# ***Einstein STEM Camp Waiver & Release***

July 15 – 19, 2024

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Parent/ Guardian phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

In consideration for providing my child the opportunity to participate in Einstein STEM Camp, both my child and I voluntarily agree to waive and discharge any and all claims against St. Mary's Catholic School, John King, and Daniel Rott and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the St. Mary's Catholic School, John King, and Daniel Rott, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child's participation in Einstein STEM Camp I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student. I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in the Einstein STEM Camp, the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release St. Mary's Catholic School, John King, and Daniel Rott from all liability for any loss regardless of cause, and claims arising from the student's participation in the Einstein STEM Camp.

X \_\_\_\_\_  
*Signature of Parent/Guardian*

Date: \_\_\_\_\_

***Photo Waiver: I agree that Einstein Stem Camp may use such photographs of my child on their website.***

X \_\_\_\_\_  
*Signature of Parent/Guardian*

Please return this form to John King along with payment:  
119 Lynx Avenue Aumsville, OR 97325