**Student Information:**

Full Name _____

Mailing Address _____

Age _____ Grade _____ Gender _____

School _____

**Parent / Guardian Information:**

Full Name _____

Cell Number _____ Alternate Number _____

Email Address _____

**Emergency Information:**

Emergency Contact's Full Name _____

Relationship to Student _____

Cell Number _____ Alternate Number _____

Does student have any allergies or medical conditions? If yes, please describe. _____

_____

_____

**Informed Consent and Acknowledgement:**

I, the undersigned, hereby consent for my child to participate in the activities of the Osage Nation STEAM Program during the selected day camp and/or field trip. In exchange for the acceptance of my child's registration, I hereby assume all risks and hazards associated with the activities of the Program and therefore, release, discharge and agree to hold harmless the Osage Nation STEAM Program and its respective staff and representatives from any and all liability for injuries to said child and property damage that may arise out of traveling and participating in the Program. Further, I grant full permission for the Program and its affiliates and partners to use photographs, videos, and other types of recordings of my child in advertising, trade, or any commercial purpose in legitimate accounts and promotions of these activities. I waive the right to inspect version of my image used for publication or the written copy used in connection with the images. By signing below, I acknowledge I have read and fully understand this waiver.

_____ _____

Parent / Guardian Signature Date