



Scholar Release Form

Child's Name: _____

Media Release: I give permission for Great Lakes Science Center and Great Science Academy to use photographs or similar media of my child for purposes of publicity and/or publications solely to promote the Science Center and its programs.

Signature of Parent/Guardian

Date

Field Trip Permission: I give permission for my child to participate in all off-site trips and/or activities associated with the GSA. I understand that I will be notified as to specifics of such events/activities in advance.

Signature of Parent/Guardian

Date

Activity Permission: I give permission for my child to participate in the tasks and activities associated with the curriculum of Great Science Academy.

Signature of Parent/Guardian

Date

Waiver: I agree to waive any claims against Great Lakes Science Center, its employees, and its volunteers for injuries or damages that may result from conduct of other persons, including other participants in the GSA or other Great Lakes Science Center programs.

Signature of Parent/Guardian

Date