

REGISTRATION AND PARENTAL PERMISSION FORM

Parent/Guardian please complete the following and SIGN REVERSE SIDE OF FORM

PLEASE PRINT

CHILD'S NAME: _____ SEX: _____ CHILD'S DATE OF BIRTH: _____
LAST NAME FIRST NAME MONTH DAY YEAR
PARENT/GUARDIAN'S NAME: _____ HOME PHONE: _____
E-MAIL ADDRESS: (OPTIONAL) _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CELL PHONE OR EMERGENCY CONTACT: _____ NAME OF EMERGENCY CONTACT: _____
SCHOOL GRADE YOUR CHILD WILL BE ENTERING IN THE FALL: _____
SCHOOL NAME: _____

ARE YOU INTERESTING IN SERVING AS A VOLUNTEER? _____ YES _____ NO

PLEASE TURN OVER AND READ AND SIGN THE REVERSE SIDE.

SITE COORDINATOR PLEASE COMPLETE:

SCIENCE IN THE SUMMER LOCATION: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
COURSE: _____ LEVEL: _____ A.M. _____ P.M. _____
SESSION DATE: _____
(MONTH/DATE/YEAR)
REGISTERED: _____ ATTENDED: _____ DID NOT ATTEND: _____ DAYS MISSED: _____

**PARENT/GUARDIAN ACCEPTANCE
OF PROGRAM GUIDELINES**

I understand that student selection may be made by lottery or in any order of registration and that each class will be limited to fifteen (15) students.

I give permission for my child to participate in the **GSK Science in the Summer™** program and my signature below indicates my acceptance of the following:

My child must:

- **attend all class sessions to receive certificate.**
- arrive promptly at assigned time.
- wear all safety equipment, including safety glasses (provided by GlaxoSmithKline).
- not wear open toe shoes (**sneakers are recommended**).
- **notify the host site if unable to participate.**

I understand that while both the class and home activities are designed to be safe, neither the host site, nor the teacher, nor the volunteer, nor the **GSK Science in the Summer™** Program Administrator, American Association for the Advancement of Science ("AAAS"), nor GSK LLC ("GSK"), warrants, or can guarantee that an accident will not occur. In consideration for my child's participation in the **GSK Science in the Summer™** program, I agree not to initiate any action against the host site, teacher, volunteer, AAAS, GSK, its parent company, subsidiaries, and affiliated companies, and their respective officers, directors, employees, agents, licensees, successors, assignees, permittees, heirs, executors, and administrators, and to forever refrain from instituting any claims, causes of action, suits or proceedings of any kind for any injury or damage resulting from participation in the **GSK Science in the Summer™** program or from use of the take-home materials after the conclusion of the program.

I understand that in order for GSK to assess the impact of the **GSK Science in the Summer™** courses, my child may be asked to complete a survey from time to time concerning his/her future academic and career choices, including decisions on secondary education and college majors. Use of this information will be determined by GSK. I hereby consent and irrevocably grant to GSK the right to use my child's name, biographical information and any survey information gathered from my child.

I understand that my child may be photographed or filmed as part of a video to be used by GSK for publicity and promotion of **GSK Science in the Summer™**. In addition, newspapers and television stations may take photographs or film of your child as part of their reporting.

I consent to and authorize the use and reproduction by GSK, or anyone authorized by GSK, including the media, of any and all videotapes, still pictures, correspondence and the sound of my child's voice for no monetary compensation. The videotapes, photographs and negatives shall become the sole property of GSK, which reserves the right to reproduce or distribute any published materials or any other publication published under the auspices of GSK and to license these rights to other.

I hereby understand and consent to the conditions of the **GSK Science in the Summer™** program as described above.

Parent/Guardian Signature _____

(Signature is required for child's participation)

Date _____