

Required Waivers for Workshops and Events



Organization: _____

Student Name(s): _____

Student Name(s): _____

Parent / Guardian Name: _____

Parent / Guardian Phone: _____

Emergency Contact Name and Phone: _____

HEALTH & MEDICAL (Required)

I, the undersigned, _____ (Consenting Adult) agree as follows: The participant(s) named below is physically fit and able to participate in the program activities. I consent to any employee, agent, or other personnel affiliated with the Emerald Coast Science Center ("ECSC Personnel") to seek medical attention and treatment or other measures deemed necessary or advisable in the event of an accident, sudden illness, or other condition that occurs while the Participant is in the care or under the supervision of ECSC Personnel. I further understand that ECSC Personnel will make reasonable efforts to notify the emergency contact in the case of an accident, sudden illness, or other condition, but I authorize ECSC Personnel to seek such care or treatment, and for any care or treatment to be administered, such, care, treatment, or other measures.

I release the ECSC and all ECSC Personnel from and of any liability for such decisions or actions in seeking medical care, including claims based on negligence and agree to pay all costs and fees for the medical care or treatment authorized under this Emergency Medical Authorization.

NEGLIGENCE WAIVER (Required)

I, the undersigned, _____ (Consenting Adult) agree as follows: For the program year (August 2025-August 2026), the participant(s) named above will participate in the Emerald Coast Science Center's programs or workshops. By entering the museum, you agree, on behalf of yourself and any minor children to voluntarily assume all risk, including the risk of personal injury (including death) or illness, the risk of exposure to communicable diseases including COVID-19, or the risk of lost, stolen or damaged property, arising from or related to your entry into the museum and participation in any activities on museum property. In addition, you agree that the museum will not be responsible for any such injury or illnesses, property damage, or other loss, and the museum is released and discharged from such liability to the fullest extent of the law. You agree to release Emerald Coast Science Center and its staff from any and all claims, losses, liability expense, of whatever nature, that arise from or in any way relate to the activity, the building, exhibits, and or grounds. . I understand that this release includes any claims based on negligence. I further agree to indemnify and hold harmless the Released Parties from and against any and all claims, damages, and costs of defense arising out of or relating to the Activity the building, exhibits, and or grounds

