



gpod 2013

LIABILITY WAIVER and MEDICAL RELEASE FORM

I, _____ being the parent or legal guardian, give permission for
Printed Name of Parent or Legal Guardian

_____ to participate in extracurricular programs sponsored through the GSSM gpod program. In addition, I release the GSSM gpod staff and its agents for injury or damages that may arise from my son or daughter participating in gpod activities.

Signature of Parent of Legal Guardian

Date

I expressly authorize GSSM gpod staff to obtain medical treatment for _____ in the event of accident or illness and allow GSSM staff to communicate with healthcare providers as deemed necessary for the treatment of my child. I authorize medical practitioners to accept the authority of GSSM staff members and provide necessary medical treatment upon their recommendation. I consent to GSSM calling me (parent/guardian) at home, work, or cell phone; leaving a message on voice mail, email, or in person in reference to any item regarding my child's medical/psychological condition, care, and treatment.

I consent to allow GSSM staff to use and disclose information regarding my child, including medical, psychological, or other confidential records for purpose of treatment/consult and healthcare.

Signature of Parent of Legal Guardian

Date

Insurance Information (Insurance is required to attend gpod. If you do not have an insurance policy, please contact Mrs. Moore at GSSM (843) 383-3958 for information about a short term insurance policy.)

Primary Health Insurance Company _____

Mailing Address _____

Policy Number _____ Subscriber Name _____

Subscriber Social Security Number _____ Subscriber Date of Birth _____

Secondary Health Insurance Company _____

Mailing Address _____

Policy Number _____ Subscriber Name _____

Subscriber Social Security Number _____ Subscriber Date of Birth _____

Emergency Contacts

In case of an emergency, who should be contacted

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____



RELEASE FROM LIABILITY

The Governor's School for Science and Mathematics' Grow, Produce and Develop (gpod) program will exercise all reasonable care in conducting all activities of the program. However, your signature below releases the Governor's School and staff from liability in the case of accidents resulting in injury to your child.

I, _____ (Name of Parent/Guardian), have voluntarily decided to allow my child _____, to attend the GSSM gpod program. I understand the GSSM gpod program assumes no responsibility for any personal injury or property damage that my child may suffer during transportation and during his or her entire stay at GSSM.

I, therefore, hereby RELEASE, DISCHARGE, AND HOLD HARMLESS, GSSM, gpod Instructors, The State of South Carolina, their representatives, agents, successors, and assigns for any and all expenses, damages, and injuries, including death, which my child may experience in connection with the transportation to and from, and their presence on the GSSM campus. This release is intended to bind my child's heirs, agents, representatives, successors and assigns.

We may take pictures and video of your child during gpod. These pictures and videos will be used for promotions, brochures, flyers, news releases, and advertisement.

May we use your child's photo or video taken while at gpod for publication? ☐ YES ☐ NO

It is understood that your signature grants permission for your child to participate in any field trips during their week at gpod camp and in any associated follow-up activities.

I HAVE READ THIS RELEASE FORM FROM LIABILITY, UNDERSTAND ITS CONTENTS, AND SIGN IT FREELY AND VOLUNTARILY.

PARENT OR GUARDIAN NAME PRINTED _____ Date _____
SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

PLEASE PRINT PARENT OR GUARDIAN INFORMATION:

First Name Last Name

Street Address

City State Zip code

Home Phone Number () _____ - _____

Work Phone Number () _____ - _____