

United Space School

Medical and Consent Form & Photo Release

To be completed in full by all students at United Space School 2020

LIMITATION OF LIABILITY

The parties are fully aware of all the inherent risks involved and hazards connected with activities that the students may participate in while attending Space School. As such, TO THE EXTENT ALLOWED BY APPLICABLE LAW, the Parents/Custodians/Guardians & Students/Children hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, any other party related to this agreement from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by any party while participating in any Space School activities including those with a host family. IN NO EVENT SHALL EITHER PARTY BE LIABLE FOR ANY SPECIAL, CONSEQUENTIAL, INCIDENTAL, INDIRECT, OR PUNITIVE DAMAGES OF ANY KIND ARISING FROM OR RELATING TO THIS AGREEMENT.

MEDICAL POWER OF ATTORNEY

TREATMENT AUTHORIZATION

to be completed by the parent/guardian of all students under 18 years of age

I _____ the parent/guardian of _____ consent to him/her attending the United Space School. I declare that to the best of my knowledge he/she is medically fit to participate in all USS activities. I understand that he/she must abide by the instructions given to him/her by USS organizers and their representatives. I understand that I will be contacted at the earliest opportunity if any treatment is necessary. I grant my authorization and consent for _____ (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in Texas. I agree to assume financial responsibility for all expenses of such care.

Parent/Custodian/Guardian Signature

date

Foundation for International Space Education Board of Directors:

- Alexandr Battaglia
- Andrea Stromeyer
- Andrea Goodman
- Criss Butler
- Francesco Fusco
- Glenn Johnson
- Jeevan Perera
- Lori Webster

FISE and United Space School uses a variety of resources; print and web, to publicize events and school news. Students attending USS take copious amounts of photos, which FISE and the International Space School Alumni Association will use to further educate the public about our program.

IMAGE RELEASE AUTHORIZATION

I understand that my child's image will be used by USS & ISSAA for publicity & educational purposes.

Name of Child:

Parent/Custodian/Guardian Signature: _____ date

Student Signature: _____ date