



Girls Get WISE Science Retreat July 7-11, 2014

PARTICIPANT WAIVER:

I, _____, the undersigned parent/guardian of _____, consent to my child participating in the GIRLS Get Wise Summer Science Camp from July 7-11, 2014 at Mount Saint Vincent University. I agree that Mount Saint Vincent University, its employees and volunteers will not be held liable in the case of accident, injury, death and in the case of lost or damaged property.

Signed: _____ Date: _____

PARTICIPANT PHOTO RELEASE PERMISSION:

I hereby authorize the taking and/or use of photographs and/or videotape for promotional purposes by the Women in Science and Engineering program, Mount Saint Vincent University.

This consent is expressly intended to release from liability the Women in Science and Engineering, Mount Saint Vincent University, its employees and the photographer/videographer in taking said photographs/videotapes.

Minor's Name in Photo: _____

Parent or Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Signature of Women in Science
and Engineering Chair: _____ Date: _____



Women in Science and Engineering – Atlantic Region

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