

Outreach and Research

gpod 2013 LIABILITY WAIVER and MEDICAL RELEASE FORM

I, being the Printed Name of Parent or Legal Guardian	e parent or legal guardian, give permission for					
	in extracurricular programs sponsored through the GSSM gpod and its agents for injury or damages that may arise					
Signature of Parent of Legal Guardian	Date					
illness and allow GSSM staff to communicate with hea child. I authorize medical practitioners to accept the autreatment upon their recommendation. I consent to GSS	al treatment for in the event of accident or althcare providers as deemed necessary for the treatment of my athority of GSSM staff members and provide necessary medical SM calling me (parent/guardian) at home, work, or cell phone; reference to any item regarding my child's medical/psychological					
I consent to allow GSSM staff to use and disclose infor other confidential records for purpose of treatment/con	rmation regarding my child, including medical, psychological, or sult 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:					



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RELEASE FROM LIABILITY

The Governor's School fo exercise all reasonable can the Governor's School and	re in conduct	ting all a	ctivities of the	e progran	n. However,	your signati	are below releases	
I,	onsibility for	(N , to att any perg g his or h	ame of Parent tend the GSSI sonal injury oner entire stay	t/Guardia M gpod p r propert at GSSM	an), have voluorogram. I un by damage tha M.	untarily decion aderstand the at my child n	ded to allow my e GSSM gpod nay	
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 promotions, brochures, f				_	ictures and v	rideos will be	e used for	
May we use your child's	photo or vid	eo taken	while at gpo	d for pub	blication?	☐ YES	□ <i>NO</i>	
It is understood that you during their week at gpo						cipate in an	y field trips	
I HAVE READ THIS CONTENTS, AND SIG						RSTAND IT	ΓS	
PARENT OR GUARDIA	N NAME P	RINTED						
SIGNATURE OF PARENT OR GUARDIAN							Date	
PLEASE PRINT PARENT	OR GUARI	DIAN IN	FORMATION	<u>/:</u>			Date	
First Name Last Name								
Street Address								
City	State		Zip code					
Home Phone Number ()	<u>-</u>			_			
Work Phone Number ()							