

## SPACE VOYAGE PROGRAM LIABILITY WAIVER & PARENT INFORMATION

PLEASE PRINT OUT, THEN COMPLETE, SIGN , SCAN AND EMAIL TO DR-PALMERE@SPACEVOYAGE.COM  
Or, MAIL TO: SPACE VOYAGE, 1504 SOUTH JOHNSON COURT, LAKEWOOD, CO 80232  
PHONE: 303-985-3143 Web Site: <http://www.spacevoyage.com>

Student's Name: \_\_\_\_\_ Program and Date: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### SPECIAL INSTRUCTIONS / SPECIAL NEEDS:

Please use the following space to explain any special instructions/circumstances the camp staff should be aware of regarding the health / education of your child. Use additional paper if necessary. Use additional paper as needed.

### RELEASE OF LIABILITY

In consideration of Space Voyage Simulations, Space Voyage Summer Camp, Space Voyage Online, and Virtual programs in granting the above named student permission to participate in the program, I hereby assume all risks of his/her personal injury (including death) that may result from any activity in any Space Voyage program either in-person or online. As parent/guardian, I do indemnify, defend and hold harmless, Space Voyage Summer Camp, Jefferson County Public Schools, Space Voyage Simulations, its officers, employees, agents, instructors, and all participants in the camp from all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which may result from negligence and/or the student taking part in camp activities. This liability waiver shall extend to any and all activities that occur in-person, face-to-face, online, and in any virtual program, and, any other interactions with Space Voyage Staff, volunteers and participants. The liability waiver shall be in effect for the duration of any interaction with Space Voyage programs and staff, before during and after said programs.

### PHYSICAL EXAMINATION WITHIN ONE YEAR

I certify that within the past year my daughter/son has had a physical examination by a physician, and he/she is physically able to participate in the Space Voyage program activities.

### CONSENT FOR TREATMENT AND/OR FIRST AID (for "in-person" activities).

In the event of injury or illness, I hereby give my consent for medical treatment and permission for first aid to be provided on site for minor injuries, and permission to secure proper treatment for my child as deemed necessary. I understand every attempt will be made to contact me, the parent/guardian, prior to any medical attention beyond minor first aid, is given. I agree to be responsible for all charges incurred.

### RELEASE OF MEDICAL INFORMATION

I authorize the release of medical information for billing purposes.

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

PLEASE RETURN THIS FORM TO SPACE VOYAGE. Mail, or scan and attach to an Email to [dr-palmer@spacevoyage.com](mailto:dr-palmer@spacevoyage.com)

IF MAILING USPS, PLEASE MAIL TO

SPACE VOYAGE, ATTENTION: WAIVERS 1504 SOUTH JOHNSON COURT, LAKEWOOD, CO 80232.