

TechnoScout Camp Waiver and Consent Form

Date: May 02, 2025

Participant Information

Child's Full Name: _____

Age: _____

Program Session: _____

Date(s): _____

1. Medical & Emergency Authorization

I hereby grant permission for my child to participate in TechnoScout programs. In case of illness or injury, I authorize the staff to seek emergency medical treatment as needed. I agree to bear all costs related to such treatment.

Preferred Hospital: _____

Preferred Physician: _____

Physician's Phone Number: _____

2. Liability Waiver

I understand that while reasonable precautions will be taken, TechnoScout and its staff are not liable for injuries, accidents, or property loss that may occur during participation. I voluntarily assume all risks associated with these activities.

3. Media Release

☐ Yes, I give permission for TechnoScout to use photographs or videos of my child for marketing, social media, or promotional materials.

☐ No, I do not give permission.

4. Code of Conduct Acknowledgment

I have read and agree to abide by the TechnoScout Code of Conduct. I understand that inappropriate behavior may result in my child being removed from the program without refund.

5. Refund Acknowledgment

I acknowledge I have read and understand the Refund & Cancellation Policy.

Parent/Guardian Consent

Parent/Guardian Name: _____

Signature: _____

Date: _____

Phone Number: _____

E-mail _____