

The Secret Laboratory Emergency Form

Student's Name: _____ School: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Mother's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ (To receive notice of future courses)

Physician: _____ Physician Phone: _____

In case of emergency, when parents cannot be reached, please contact: (must be an adult over age 18)

Name	Relationship	Phone
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Medical Release, Waiver of Liability and Indemnification

IF IT SHOULD BECOME NECESSARY FOR MY CHILD TO RECEIVE MEDICAL TREATMENT DURING THE SECRET LABORATORY ACTIVITIES, I HEREBY AUTHORIZE THE SECRET LABORATORY to make arrangements for my child to receive medical care, including emergency transportation. I hereby consent to whatever X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Should treatment or care be provided to my child, I agree to pay all costs incurred.

I understand that participation in an elementary laboratory is a low risk activity, yet, as with any educational endeavor, some risk does still exist. In consideration of my child's participation in The Secret Laboratory science classes, I for my minor child, and myself have and do hereby assume all risks and WAIVE, DISCHARGE, RELEASE AND COVENANT not to sue The Secret Laboratory and its staff from liability from any and all claims and damages for personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Secret Laboratory activities and projects.

I understand that my child may at times take home projects and/or other items from The Secret Laboratory, and I UNDERSTAND THAT IT IS MY RESPONSIBILITY to make sure such projects or items are used in a safe and responsible manner, including keeping such projects or items away from younger children.

I also agree to INDEMNIFY AND HOLD The Secret Laboratory and its staff HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my child's involvement in The Secret Laboratory science classes. I HAVE CAREFULLY READ THIS RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS.

Date

Signature of Parent or Guardian

Mail form to: The Secret Laboratory, P.O. Box 1284, Dixon, CA 95620