

Parent/Guardian General Waiver and Release of Liability

I understand my child's participation in the Charleston Planetarium Society programs and hereby release, and hold harmless all Charleston Planetarium Society employees, volunteers, agents, and/or independent contractors from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future for injuries, death or illness that might occur to my child during their attendance. I verify that to the best of my knowledge my child is physically able to fully participate in all activities associated with these programs.

I understand that while attending and participating in the Charleston Planetarium Society programs, my child is expected to conduct him/herself in a respectful and orderly manner. They are expected to respect the instructor(s) and the other participants. If a behavioral issue arises, I understand that he/she may be removed from the location and prohibited from further participation.

I also understand that in the case of injury or sickness every attempt will be made to contact me, but in case they cannot be reached, I give my consent for my child/ward to be treated by emergency and medical care professionals as they deem necessary.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Please distribute to all class members and collect them to return to The Charleston Planetarium on the day of the field trip.