



Liability Form

Name _____ Grade: _____ DOB: _____ Gender: _____

School: _____

Address: _____ City: _____ State: _____

Member's Email Address: _____ Youth Cell Phone: _____

PARENT/ GUARDIAN INFORMATION

Parent Name _____

Address If different than the student's address: _____ City: _____ State: _____

Parent Email Address: _____ Parent's Cell Phone: _____

EMERGENCY CONTACT

NAME: _____ PHONE NUMBER: _____ RELATION: _____

NAME: _____ PHONE NUMBER: _____ RELATION: _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name)("Participant"), to attend and participate in any eXposed Learning, its partners and its organization events and meetings between August 12, 2019 to June 1, 2020.

LIABILITY RELEASE: In consideration of eXposed Learning allowing the Participant to participate in chapter meetings and events, I, the undersigned, do hereby release, forever discharge and agree to hold harmless eXposed Learning, its employees, its volunteers, its partners and its organization from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the chapter meetings or events. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in chapter meetings and events, including trips away from their normal chapter meeting location. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify eXposed Learning, its employees, its volunteers, its partners and its organization for any liability sustained by eXposed Learning, its employees, its volunteers, its partners and its organization as a result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by eXposed Learning and our partnering organizations. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

Name of Youth: _____ Signature: _____ Date: _____



Liability Form

Parent's Name: _____ Signature: _____ Date: _____

MEDICAL INFORMATION

YOUTH INFORMATION (Please Print)

Youth Full Name _____ Home Address _____ City: _____ State: _____

Home Phone _____ DOB _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____

List all parent/guardian contact phone numbers in best order to be reached: _____

PRIMARY CARE PHYSICIAN

Name: _____ Phone(s) _____

Name of practice: _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

_____ Policy/Group ID#: _____ Policy Holder's Name (please print): _____

Required: Attach a copy of medical insurance card here.

MEDICATION:

List all medications the youth will take during any trips, meetings or events events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.**

Over-the-Counter Medication Permission: Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at an eXposed Learning events and meetings?

Yes, and please contact me first: Parent Signature: _____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
 - a. _____



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2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
 - a. _____
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.
 - a. _____

eXposed Learning Photo Release Form for Children and Youth

I agree that eXposed Learning may photograph and record my child/dependent’s likeness and activities (Images)¹ during educational-related activities. I grant the following rights to eXposed Learning, its employees, its volunteers, its partners and its organization permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the organization's website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge eXposed Learning, its employees, its volunteers, its partners and its organization from any and all claims arising out of the use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortious act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Member’s Name: _____ Member’s Signature: _____ Date: _____

Parent Name: _____ Parent Signature: _____ Date: _____

eXposed Learning Financial Responsibility Statement

I agree to pay all fees associated with any trip associated or managed by eXposed Learning and/or its community partners.

For the National Society of Black Engineers (NSBE) National Convention 2020 and beyond I understand the following refund policy

- ❖ All NSBE National events are not managed by eXposed Learning
- ❖ eXposed Learning will not process any refunds after December 10th of the current academic year for National Convention and only %50 will be refunded unless the badge is transferred. Refunds will only be released by eXposed Learning after funds have been released by the NSBE Headquarters Office.
- ❖ I may purchase a National Convention badge by myself through nsbe.org and pay all fees associated with obtaining National Convention Registration
- ❖ All NSBE items purchased from NSBE or other stores online are not associated with eXposed Learning or the responsibility of eXposed Learning.

I have read the financial responsibility statement. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Member’s Name: _____ Member’s Signature: _____ Date: _____

Parent Name: _____ Parent Signature: _____ Date: _____

¹