



STEM Camp Application

Participant Information	
Name	Grade
Email	Cell Phone
Home Address	
Medical Conditions/Allergies/Dietary Restrictions	
Student Statement By signing below, you certify all above information is true to the best of your knowledge. You agree to participate in STEM Camp to your fullest potential. You also agree to abide by the rules and regulations and follow guidelines to limit COVID-19 risks. Student Signature _____ Date _____	

Parent/Guardian Information	
Name	
Email	Cell Phone
Home Address	
Emergency Contact	
Parent/Guardian Statement I give permission for my child/student to participate in STEM Camp. I understand that I will not hold Morgan Community College responsible for any accidents that may occur while my child/student is participating in the program. I give permission for medical care to be provided in case of emergency. I certify that I have read and fully understand the context of this statement. Print name _____ Signature _____ Date _____	



PHOTO RELEASE FORM

I, _____, hereby consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs, digital images, videotapes or recordings made of me for use by the Community Colleges of Colorado, its employees, officers and agents, and the right to copyright and/or use, reuse and/or publish, republish photographic pictures, digital images, videotapes or recordings in conjunction with my name. I also give permission for the photographs, digital images, videotapes, or recordings to be used in their entirety and/or edited versions as deemed necessary by the Community Colleges of Colorado including the use of images on college websites. Furthermore, permission is also given for the photographs, digital images, videotapes, or recordings to be used by the Community Colleges of Colorado at any time in the future without further clearance from me. I understand that these photographs, digital images, videotapes, or recordings may be used for marketing purposes (including websites) by the Community Colleges of Colorado. I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

DATE _____ Signature _____

Signature of Parent _____

(if individual is under 18 years of age) granting permission for photographing, videotaping and/or recording).

Address _____

City _____ State _____ ZIP _____