

Child's Full Name:	
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## MOREHEAD PLANETARIUM & SCIENCE CENTER'S STEMVILLE SCIENCE SYMPOSIUM

### Contract, Policies, Release and Hold Harmless Agreement, Consent for Medical Treatment, and Photograph Consent

#### Completion of Forms

These forms must be signed and submitted to complete your registration. These forms must be submitted **no later than April 2, 2021 at 5:00 pm** in order to reserve your child's enrollment in the STEMville Science Symposium. You may scan and email these forms to [stemville@unc.edu](mailto:stemville@unc.edu) or fax them to 919.962.1238. You may also mail these forms to:

Morehead Planetarium & Science Center  
ATTN: STEMville Science Symposium  
Campus Box 3480  
250 East Franklin St.  
Chapel Hill, NC 27599-3480

#### Cancellations and Wait Lists

The \$25 registration fee is non-refundable. If you need to cancel your child's registration, either email the STEMville Science Symposium staff at [stemville@unc.edu](mailto:stemville@unc.edu) or call 919.962.8435. There are a limited number of spaces for participants. After the initial 32 participants are registered, all others registering will be waitlisted. The STEMville Science Symposium staff will notify the parent or guardian by email and/or phone if their child is moved from the waitlist to a confirmed spot.

#### COVID-19

All participants are required to follow Morehead Planetarium & Science Center's COVID-19 precautions and policies to participate in this program. These include but are not limited to: completing a symptoms check questionnaire before entering the building, wearing a face mask at all times while in the building, practicing physical distancing, and washing and sanitizing hands frequently. Participants should **not** attend if they are feeling sick, have tested positive for COVID-19, or have been in close proximity to someone who has tested positive for COVID-19 in the two weeks prior to the event. This plan reflects the best available information at the time of preparation. It is possible that the strategies outlined may change as information regarding COVID-19 evolves.

#### Dismissal

MPSC reserves the right to dismiss a student participant when the program director deems dismissal necessary for the best interests of the program. In the case of behavior problems, Morehead will verbally communicate a warning to the parent before dismissing any student

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participant, unless the behavior in question endangers other student participants. In that case, a student participant may be dismissed without a prior verbal warning to the parent.

### **Food**

Participants will receive a light dinner to-go at the end of the event. The dinner may consist of chicken sandwiches and/or burritos but is subject to change. Since the event takes place from 5:00-8:00 pm, you may choose to provide a snack or full meal prior to your arrival. Eating and drinking will not be permitted inside the building in accordance with Morehead Planetarium & Science Center's COVID-19 protocols.

### **Staff Supervision**

Morehead Planetarium & Science Center full-time staff members will provide direct and constant supervision of the entire program event, including volunteers and student participants, from beginning to end. Student participants will be grouped and assigned to two volunteers with direct oversight by a Morehead Planetarium and Science Center staff member. No students will be allowed to travel alone and/or without direct supervision.

### **Drop-Off and Pick-Up Location: 250 E. Franklin St., Chapel Hill, NC 27514**

Parents/guardians may park in a designated parking space and walk their child up to the tables outside of the west end of the Morehead building for check-in. Drop-off and pick-up will be supervised by Morehead staff members who can be identified by staff t-shirts. **At drop-off, parents and/or guardians must sign-in their child before leaving. At pick-up, parents or guardians must show their government issued photo identification and sign-out their child.**

### **Staff Contact Information**

You can reach the Stemville Science Symposium staff at [stemville@unc.edu](mailto:stemville@unc.edu). Direct questions and concerns to that email address or to Carla Robinson at [carlarob@live.unc.edu](mailto:carlarob@live.unc.edu) and by phone at 919.962.8435.

### **Release and Hold Harmless**

As part of the consideration for my child's participation in the Morehead Planetarium & Science Center (MPSC) Stemville Science Symposium, I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill, its employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or my child or to any property belonging to me or my child while my child is participating in the program, except for damages caused by the negligence of the University, its agents, and employees.

### **Assumption of Risk**

I am fully aware of the risks and hazards associated with this program. I acknowledge that my child's participation in this activity is elected by me and not required. I voluntarily assume full

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responsibility for any risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me or my child as a result of my child's participation in this project.

### **Authorization for Emergency Medical Treatment**

In the event of illness or injury, I hereby authorize MPSC staff with current first aid certification to administer first aid to my child, and I hereby authorize MPSC staff, or other employees or agents of The University of North Carolina at Chapel Hill, to obtain emergency medical treatment for my child at the nearest medical facility as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University and MPSC to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I understand that MPSC will make best efforts to notify me immediately should emergency treatment for my child become necessary. I also grant permission for emergency CPR to be administered to my child by a certified person should it become necessary.

### **Photograph/Video Consent**

I acknowledge and understand that MPSC may photograph or videotape my child's participation in the program and use those photographs and images in brochures, publications, Internet websites, audiovisual presentations, promotional literature, advertising, or for any other similar purpose without compensation to me or my child. Unless I initial below, I agree that such photographs and images, and their reproductions, remain the property of Morehead Planetarium and Science Center; I waive the right to approve the final product; and I release, and forever discharge The University of North Carolina at Chapel Hill, its agents and employees, from any and all claims and demands arising out of or in connection with the use of said photographs and images, including but not limited to, any claims for invasion of privacy, appropriation of likeness or defamation.

\_\_\_\_ I **do not** give photograph/video consent for my child. (optional initial)

I have read and I understand this document, including the specific policies and the release and hold harmless portions of it. I understand and agree that it is binding on myself, my child, our heirs, assigns, and personal representatives. I also certify that all information I have entered, or will enter as part of the online registration process is true and accurate. I acknowledge that I am 18 years old or older and that I am the parent or guardian of



<b>Child's Full Name:</b>	
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Name of Child

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Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian