Science and Technology Enrichment Program (STEP)

(2011-2012) Academic School Year

Parental Consent For Student Participation

I, (Mr., Mrs., Ms.)_____, the legal guardian of _____, give my consent for him/her to participate in all activities associated with the Science and Technology Enrichment Program during the academic year of 2011-2012.

I understand participation in this program may mean up to two field trips to the Savannah River Site, the Silver Bluff Audubon Center, or the Ruth Patrick Science Education Center, where my child will participate in the program.

By signing below I also authorize and consent to the administration of necessary treatment(s) to my child by appropriately trained personnel at the Savannah River Site or other emergency response unit in the event that my child is injured during the STEP field trip. I hereby release and discharge Savannah River Nuclear Solutions, LLC, the U.S.D.A. Forest Service, Silver Bluff Audubon Center, the University of South Carolina and the Department of Energy and the United States Government, their officers, agents, servants, and employees, and persons, firms, or corporations contracting with, or acting on behalf of, the Department of Energy or the United States Government with respect to all activities associated with the Science and Technology Enrichment Program, as well as their heirs, executors, administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my child's participation in any and all activities associated with the Science and Technology Enrichment Program.

I also give my child's school, _____, permission to provide my child's social security account number to the Savannah River Site. Due to increased security at Savannah River Site, all visitors are required to provide their social security account number prior to their visit. I understand that this requirement is only for classes visiting Savannah River Site and does not apply to visits to any of the other STEP locations.

Signed:_____ Parent [ ] Guardian [ ]

Name:_____ Date: _____

(Print)

Witness:_____

(this form must be witnessed by another adult)

Date: _____