



Dr. Jennifer Nichols, Principal
John Foster Dulles High School

STUDENT ID# _____

ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN SCHOOL SPONSORED TRIP.

Student Name: _____

School sponsored trip to: _____

Your child has the opportunity to participate in a school-sponsored trip. Please complete this form to provide the teacher accompanying the student on this trip with information relating to your child.

Teacher: _____ Date: _____

List any physical limitations (temporary or permanently): _____

List any current medications (prescribed or over the counter) taken: _____

List any allergies including reactions to medications, food, insects, and environment: _____

Name of child's physician: _____ Phone: _____

Insurance company: _____ Phone: _____

Policy Number: _____

ACKNOWLEDGEMENT OF RESPONSIBILITY

My signature below indicates that I give my child permission to participate in this activity, to have any medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Fort Bend Independent School District has immunity from liability. Transportation will be provided by the District or a commercial carrier.

Parent Signature: _____ Date: _____

Address: _____

Home Telephone: _____ Cell: _____ Work: _____

Emergency contact person: _____ Phone: _____

PHOTO RELEASE FORM

I, _____ (printed name of parent/guardian), give Permission to the College to Use Photographs that were taken of _____ (printed name of child), a minor, on the dates and at the locations listed below, in any and all College Publications. I give Permission to the College to identify my child by name when using the Photographs and to offer the Photographs for use or distribution in other non-college publications, electronic or otherwise, without notifying me. I hereby waive any right to inspect or approve the finished Photographs, and I waive any right to Monetary Payment, now and forever, for the Use of the Photographs.

I agree to release and hold the College harmless for Publishing and Distribution of the Photographs from and against any claims, damages or liability arising from or related to the Use of the Photographs. I am the parent/guardian of the child named above and I have legal authority to sign this release. I have read this full page before signing and I understand it.

Location of Photograph(s)

Date(s) of Photograph(s)

Signature of parent/guardian

Address

Phone number

“College” means San Jacinto Community College District and its agents and/or employees.

“Permission” means an unrestricted and irrevocable right.

“Photographs” include images, photographs, and sound and/or voice recordings, including negatives, transparencies, prints, film, video, tapes, or other digital information, in all forms of media now or hereafter known, and in all manner including electronic media, as well as printed or electronic matter that may be used or generated by the College in conjunction with the Photographs now or in the future, whether that use is known or unknown.

“Publishing and Distribution” includes but is not limited to publishing and/or distributing the Photographs, in whole or part, whether on paper, electronic media, web sites or social media.

“College Publications” include but are not limited to brochures, newsletters, banners, schedules, catalogues, advertisements, magazines, recruiting publications, display boards and any other finished product, and include electronic versions of the same publications and finished products, as well as College web sites or other electronic forms or media.

“Monetary Payment” includes all types of legal monetary compensation, including royalties or other compensation.

“Use” of the Photographs includes but is not limited to use, re-use, publishing, re-publishing, and copyrighting, and includes misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the Photographs, as well as Publishing and Distribution of the Photographs.

Name of photographer

Event



FOR INSPIRATION AND RECOGNITION OF SCIENCE AND TECHNOLOGY (FIRST®)

CONSENT AND RELEASE AGREEMENT

Participant Name: _____

If Participant is under 18 years of age, Parent/Guardian: _____

Participant Date of Birth if under 18 years of age [MM/DD/YYYY]: _____

Participant Address: _____

Participant Email (If Participant is under 18 years of age, Parent/Guardian Email): _____

Participant Team Number _____

The Participant identified above ("Participant") desires to participate (as a team member, coach, mentor, judge, or in some other manner) in the FIRST® Robotics Competition, FIRST® Tech Challenge, FIRST® LEGO® League, FIRST® LEGO® League Jr., or another FIRST program (the "Programs"). As a condition of allowing Participant to participate in a Program, For Inspiration and Recognition of Science and Technology ("FIRST®") ("FIRST") requires that the Participant (by his or her Parent/Guardian if under 18 years of age) agree to the terms of this Consent and Release Agreement.

1. Participant (and the Parent/Guardian of a Participant under 18 years of age) understands that participation in the Program will expose Participant to risks of injury including, without limitation, injury from building, lifting, and using electrical/mechanical robots and robot components; using tools; other participants; dancing and other associated activities. Participant (and the Parent/Guardian of a Participant under 18 years of age) understands that FIRST does not select, employ, supervise or otherwise exercise authority or control over the coaches, mentors, and other participants in the Program. Participant, if 18 years of age or older, acknowledges and agrees that he/she is primarily responsible for his/her safety. The Parent/Guardian of a Participant under 18 years of age acknowledges and agrees that the Parent/Guardian is primarily responsible for the Participant's safety and that the Parent/Guardian will monitor, as appropriate considering the age of the Participant and other factors, the Participant's participation in the Program.
2. In consideration for FIRST allowing the Participant to participate in a Program, Participant (and the Parent/Guardian of a Participant under 18 years of age for and on behalf of the Participant and the Parent/Guardian) assumes all risk of such participation and hereby releases FIRST and (except as expressly provided below) all FIRST directors, officers, employees, volunteers, and agents from any and all claims for any injury of any kind to the Participant (and the Parent/Guardian) or other damages that may occur as a result of the Participant's participation in the Program, including without limitation any injuries or other damages that may be caused by the negligence of FIRST or negligence of any FIRST director, officer, employee, volunteer, or agent (including without limitation negligently failing to adequately investigate or screen coaches, mentors, volunteers, etc.), and agrees not to file any lawsuit or otherwise make any claim against FIRST or any FIRST director, officer, employee, volunteer, or agent for any such injury or other damages. The Participant (and the Parent/Guardian of a Participant under 18 years of age) does not hereby release any claims against any individual person who intentionally causes injury to the Participant.
3. Participant (and the Parent/Guardian of a Participant under 18 years of age) understands that photographs, videotapes, and other recordings will be made of participants in the Programs, including the Participant. Participant (and the Parent/Guardian of a Participant under 18 years of age) consents to those photographs, videotapes, and other recordings and the use thereof (i) as part of a record of the Program and (ii) to promote FIRST and the Programs.

Participant (and the Parent/Guardian of a Participant under 18 years of age) has read this document and understands that this Consent and Release Agreement includes a waiver of the right to make injury claims that is intended to be legally binding. By signing below, Participant (and the Parent/Guardian of a Participant under 18 years of age) agrees to this Consent and Release Agreement.

Signature (of Participant if 18 years of age or older or Parent/Guardian if Participant under 18)

Printed name of person signing

Date



CONSENT AND RELEASE AGREEMENT

Participant Name: _____
If Participant is under 18 years of age, Parent/Guardian: _____
Participant Date of Birth if under 18 years of age [MM/DD/YYYY]: _____
Participant Address: _____
Participant Email (If Participant is under 18 years of age, Parent/Guardian Email): _____
Participant Team Number _____

The Participant identified above ("Participant") desires to participate (as a team member, coach, mentor, judge, or in some other manner) in the *FIRST*® Robotics Competition, *FIRST*® Tech Challenge, *FIRST*® LEGO® League, *FIRST*® LEGO® League Jr., or another *FIRST* program (the "Programs"). As a condition of allowing Participant to participate in a Program, *FIRST IN TEXAS* ("FiT") requires that the Participant (by his or her Parent/Guardian if under 18 years of age) agree to the terms of this Consent and Release Agreement.

1. Participant (and the Parent/Guardian of a Participant under 18 years of age) understands that participation in the Program will expose Participant to risks of injury including, without limitation, injury from; building, lifting, and using electrical/mechanical robots and robot components; using tools; other participants; dancing and other associated activities. Participant (and the Parent/Guardian of a Participant under 18 years of age) understands that FiT does not select, employ, supervise or otherwise exercise authority or control over the coaches, mentors, and other participants in the Program. Participant, if 18 years of age or older, acknowledges and agrees that he/she is primarily responsible for his/her safety. The Parent/Guardian of a Participant under 18 years of age acknowledges and agrees that the Parent/Guardian is primarily responsible for the Participant's safety and that the Parent/Guardian will monitor, as appropriate considering the age of the Participant and other factors, the Participant's participation in the Program.
2. **In consideration for FiT allowing the Participant to participate in a Program, Participant (and the Parent/Guardian of a Participant under 18 years of age for and on behalf of the Participant and the Parent/Guardian) assumes all risk of such participation and hereby releases FiT and (except as expressly provided below) all FiT directors, officers, employees, volunteers, and agents from any and all claims for any injury of any kind to the Participant (and the Parent/Guardian) or other damages that may occur as a result of the Participant's participation in the Program, including without limitation any injuries or other damages that may be caused by the negligence of FiT or negligence of any FiT director, officer, employee, volunteer, or agent (including without limitation negligently failing to adequately investigate or screen coaches, mentors, volunteers, etc.), and agrees not to file any lawsuit or otherwise make any claim against FiT or any FiT director, officer, employee, volunteer, or agent for any such injury or other damages. The Participant (and the Parent/Guardian of a Participant under 18 years of age) does not hereby release any claims against any individual person who intentionally causes injury to the Participant.**
3. Participant (and the Parent/Guardian of a Participant under 18 years of age) understands that photographs, videotapes, and other recordings will be made of participants in the Programs, including the Participant. Participant (and the Parent/Guardian of a Participant under 18 years of age) consents to those photographs, videotapes, and other recordings and the use thereof (i) as part of a record of the Program and (ii) to promote *FIRST* and the Programs.

Participant (and the Parent/Guardian of a Participant under 18 years of age) has read this document and understands that this Consent and Release Agreement includes a waiver of the right to make injury claims that is intended to be legally binding. By signing below, Participant (and the Parent/Guardian of a Participant under 18 years of age) agrees to this Consent and Release Agreement.

Signature (of Participant if 18 years of age or older or Parent/Guardian if Participant under 18)

Printed name of person signing

Date



VIDEO AND PHOTOGRAPHY RELEASE

This will confirm that I, _____ have agreed to release all said rights to any photography or video taken in connection with *FIRST*® in Texas to *FIRST*® in Texas employees and *FIRST*® in Texas partners. The partners may use any content in advertising and marketing, in print, web and any other media in existence now or yet to be developed. I understand that I will not receive any monetary compensation for time or services.

Furthermore, I hereby release and discharge the partners from any and all claims and demands arising out of, or in conjunction with, the use of such photographs, video, film, electronic images, and/or audio recordings and the plates, tapes and/or software from which they are made. I understand that these materials shall become the sole property of the partners and it shall have the right to duplicate, reproduce and make other uses of the material for any lawful purpose, including illustration, advertising, and promotion. I understand that I may not be provided the opportunity to review final marketing and advertising material or any of the content prior to dissemination, and that this document creates no obligation on behalf of the partners to use all or part of the content in advertising or marketing.

I have read the paragraphs above and agree for myself and / or my child (when applicable) to be featured in *FIRST*® in Texas partners advertising and marketing, in print, web and other media in whole or in part.

Individual consent for participants 18 and older	
First Name	
Last Name	
Phone Number	
E-mail Address	

PARTICIPANT Signature: _____

Date: _____

Complete the section below for any children under 18 years of age	
Parent or Guardian's First Name	
Parent or Guardian's Last Name	
Child's First Name	
Child's Last Name	
Phone number	
E-mail address	

PARTICIPANT Signature: _____

Date: _____

FORT BEND I.S.D. MEDICAL INFORMATION CERTIFICATE

PLEASE PRINT

Student's Name _____ Sex M F Age _____
Last First Middle (Circle one)

Parent's Name _____ Student's Date of Birth _____

Parent's Home Telephone _____ Parent's Work Telephone _____

Address _____
Street City State Zip Code

Subdivision _____

Emergency Telephone and Contact's Name _____

School _____ Grade _____ Telephone _____

Insurance Company _____ Policy Number _____

TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Physician _____ Physician's Telephone _____

Does the student have previous history of:

	Yes	No		Yes	No
Bleeding tendencies	<input type="checkbox"/>	<input type="checkbox"/>	Now under a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
Head injuries, seizures unconsciousness, concussion or convulsion	<input type="checkbox"/>	<input type="checkbox"/>			
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Date of last tetanus shot? _____	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Allergy	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Neck injury	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Bone and/or joint injury or disease	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease and/or injury	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Kidney, Lung, or Eye removed or nonfunctioning	<input type="checkbox"/>	<input type="checkbox"/>			
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Surgical operation	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Allergy to medication	<input type="checkbox"/>	<input type="checkbox"/>
Skin Disease	<input type="checkbox"/>	<input type="checkbox"/>	Contact Lenses/Glasses	<input type="checkbox"/>	<input type="checkbox"/>
Is student taking medication regularly?	<input type="checkbox"/>	<input type="checkbox"/>			

Explain any "yes" answers _____

Please list **all** medications and any illnesses not listed above requiring medication being taken at the present time.

I hereby consent for medical care to be given to _____ in case of an emergency.

Parent/Guardian