Parent/Guardian Consent Form for Volunteers who are Minors

***Applicable only if minor (under 18 years of age) is volunteering without parent, guardian, or chaperone present.**

With the exception of the signature fields, please print your entries.

Participant Child's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian's Name: _____

Phone where I can be reached during the activity: _____

I, _____ grant permission for my child, _____
Parent or guardian's name Child's name

to participate in this volunteer activity. This activity will take place under the guidance and direction of employees, board members and/or volunteers of the Science Education Foundation of Indiana and Celebrate Science Indiana. I agree to be responsible for providing transportation for my child to and from the volunteer service activity described below.

Service Activity: 2026 Celebrate Science Indiana
Location of Event: Indiana State Fairgrounds
Date of Activity: October 10, 2026

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Science Education Foundation of Indiana and Celebrate Science Indiana, its officers, directors, employees, agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Science Education Foundation of Indiana and Celebrate Science Indiana, its officers, directors, agents, chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage.

Finally, I hereby grant the Science Education Foundation of Indiana and Celebrate Science Indiana full and complete permission to use in reasonable and legitimate business purposes of the Program: photographs, video shots, media coverage and quotations from my child. I hereby waive any and all claims that I might otherwise have on behalf of my child for invasions of privacy as well as any and all claims for payment or royalty in connection with any showing of said materials and agree that my consent confers me no rights of ownership whatever.

Signature: _____ Date: _____

In Case of Emergency

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number(s), contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____