

Registration Form for the BPC Rocket Blast-off

Student Name: _____

County: _____

Grade: _____

Parents: _____

Address: _____

Phone _____

E-mail: _____

Waiver of Liability Form

Waiver of Liability

I give my permission for my child, _____, to participate in an educational program sponsored by Brewton-Parker College. I understand that all activities will be planned and conducted by college students and college professors and that safety precautions will be taken during all activities. In the event that an accident does occur, I will not hold Brewton-Parker College, their employees, or volunteers responsible for any accidental injuries. If the Brewton-Parker College staff considers emergency treatment or advice necessary, I understand that the listed physician and parent or guardian will be notified. If we cannot be reached, I authorize Brewton-Parker College to arrange whatever emergency treatment is considered necessary.

Physician's Name _____

Physician's Phone _____

Please list any allergies, physical limitations, and special medication

Parent/Guardian signature

Date: _____

