2017 Caltech – Infrared Processing and Analysis Center

**NASA/IPAC Teacher Archive Research Program**

**Authorization/Medical Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian of (*Student Name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor. I give my permission for my child to participate in the California Institute of Technology (“Caltech”) 2017 NASA/IPAC Teacher Archive Research Project (NITARP) on (*teacher should insert date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Pasadena, California. My signature acknowledges that I have read, understand and accept the attached Rules of Conduct that apply to my child. I give permission for my son/daughter to answer survey questions about his/her experience at Caltech, in order to help improve this program in future years.

This activity will involve working on research projects with archival astronomical data and analyzing data with Caltech scientists. In consideration of Caltech’s permitting my child to participate in this event, I am willing to affirm the Rules of Conduct that are attached here. I have read and fully agree with these Rules of Conduct as part of my child’s participation. I understand these Rules are designed to reduce any risk associated with this event. I understand and agree that Caltech has no responsibility for any travel or lodging arrangements, and that Caltech makes no representation and/or warranties as to the availability, safety or suitability of any such travel and/or lodging arrangements.

In consideration of my child being allowed to participate in NITARP, I am also willing to affirm that I have certain personal responsibilities, and waive and release Caltech from liability, by assuming all risks in connection with this event, and holding Caltech harmless for any harm, injury or damage which may befall my child in any manner connected with this event, except where such harm, injury or damage results from the willful misconduct of the Caltech employees or agents engaged this event. I understand that the terms of this RELEASE are a contractual obligation, and not a mere recital.

In case of an emergency and if I cannot be reached I, the undersigned parent or guardian of the above named child, do hereby consent to any x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon. This authorization is given in advance of any required care to empower a representative or other official of Caltech to give consent for such treatment as the physician may deem advisable. This authorization is effective unless revoked in writing. I accept full responsibility for any medical expenses incurred as a result of these actions.

During the NITARP visit, photographs and videos of the students may be taken. I hereby grant to Caltech the right, without fee, to make and use photos and/or video tape recordings of my child in connection with NITARP in any manner or form and for any lawful purpose at any time.

I have read this Authorization and Release before signing below and warrant that I fully understand its contents. I understand that the terms herein are contractual and not mere recital, and that I have signed this document freely and voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian Name) (Parent/Guardian Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) (City, State, Zip)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home Phone) (Work Phone)

In case of emergency, if I cannot be reached, please notify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Home Phone) (Work Phone)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Carrier Policy Number

Family Physician or Practioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Telephone (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NASA/IPAC Teacher Archive Research Program**

**RULES OF CONDUCT**

In order to ensure that this NASA/IPAC Teacher Archive Research Program (NITARP) visit is pleasant and trouble-free, it is necessary that all participants observe the following rules while in attendance. These rules are strictly enforced! *All parents/guardians must review these rules with their child before signing the bottom of the Authorization/Medical Release (separate sheet).*

Participants must attend the full program. No early departures. Students may not leave any event site without the express permission of the (*name of teacher*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and unless the student is in the company of the student’s teacher, staff person, parent or guardian.

No smoking during program events. Eating is only permitted during lunch and snack time, in designated areas. Conference rooms and auditoriums where meetings occur must be left in perfect condition. All papers, wrappers, gum and cans – even those left by others – must be picked up prior to departure of each program site.

Possession and/or use of alcoholic beverages or illegal drugs by students is absolutely forbidden. *Suspected* misconduct of this nature will result in immediate expulsion from the program, and notification of your parents.

Students are expected to cooperate with staff, teachers, and speakers at all times.

Dress thoughtfully. Remember you are representing your school and your community.

Listening to MP3 players or other assorted music machines is not allowed.

Students must have parents or guardians sign the Authorization/Medical Release and give it to the teacher NO LATER THAN (*Teacher needs to insert date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Students will not be able to participate in the program if the teacher does not have this Authorization/Medical Release.

Infraction of these rules may result in immediate dismissal from the program. In the case of such a dismissal, the school and parents will be notified and the student will return home immediately at his/her own expense. *Please now sign the Authorization/Medical Release which indicates that you and your child have read and fully understand the rules above and the consequences of infraction.*