



WAIVER OF LIABILITY AND MEDICAL CONSENT FOR STUDENTS PARTICIPATING IN ISDC

NOTE: Student may not participate in conference programs until this form has been received. To ensure that your registration is complete, please return the completed form to NSS Headquarters no later than May 15, 2012. You should also bring a copy of the form with you to the Conference.

In order for your child to participate in the conference activities, please provide all requested information, sign the form where indicated and return it, along with the completed and signed Medical Information Form, to the national headquarters of the National Space Society at the address below, along with a copy of proof of medical insurance, no later than May 15, 2012.

Student's Full Name: _____

Name of School or Group: _____

Name of Adult Chaperone: _____

Father's Name: _____

Mother's Name: _____

Home Mailing Address: _____

City: _____ **State or Province:** _____

Postal Code: _____ **Country:** _____

International students, please include country code and city or regional codes in phone numbers, below:

Home: _____ **Parent's Cell:** _____

Student's Cell: _____ **Chaperone's Cell:** _____

Parents' Email Address: _____

Student's Email Address: _____

Chaperone's Email Address: _____

Staying at Conference Hotel? **YES** **NO**. If not, please provide address while in U.S.:

Name of Hotel: _____

Address: _____

Phone: _____

In consideration of above-named student's participation in the **2012 International Space Development Conference (ISDC or the Conference)**, I/We agree to the following:

Agreement, Limitation of Liability & Release: I/We hereby release and hold harmless the **National Space Society (NSS)**, its officers, directors, agents, employees, volunteers, partners, sponsors and affiliates from and for any claim, injury or other liability of any kind which is caused or contributed to directly or indirectly by the Student, or which results from or during the Student's participation in the **Conference**. Furthermore, I/We understand that **NSS** cannot be held responsible for any acts or executive orders of any government authority, "Acts of God" or incidents that may occur on the part of any commercial carrier from the time the Student leaves home until the Student returns home. **NSS** will not be responsible or liable for any loss, damage, or delay resulting from any act or omission on the part of



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Student Name: _____

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any person or company whose services are retained by **NSS** for the benefit of conference participants, including but not limited to hotels, restaurants, on-site staff, independent contractors, employees, volunteers, or transportation and travel companies, nor will **NSS** be held responsible for any act, error or omission on the part of any conference participants. Additional expenses, if incurred under any of these circumstances, must be borne by Me/Us. **NSS** will not be held responsible for any decision made in response to any problem or situation encountered with a student. In any event, liability on the part of **NSS** is specifically limited to and shall not exceed the registration fee paid by Student/Parent. **NSS** reserves the right to cancel the **Conference** at any time **prior to May 24, 2012**, for any reason, in which case the sole recourse shall be the refund of any monies paid to **NSS**. No statement, representation, or promise shall be binding on **NSS**, unless made in writing. **NSS** reserves the right to change or modify any portion of the **Conference** program without notice before or after the **Conference** is scheduled to begin.

COMMUNICATION & PRIVACY POLICY: Parent agrees that after registration, **NSS** may communicate with the Student via email. (The Student/Parent may opt out at any time). The Student and Parent grant **NSS** permission to use basic student information (i.e., name, school, hometown) and any statement, photograph, video, audiotape or film in which the student may appear for lawful purposes without compensation. Except as otherwise agreed to herein, or provided for in the **NSS Privacy Policy** (available at www.nss.org), **NSS** will not share your email address or other confidential information with another third party, unless requested by a governmental agency or a court of competent jurisdiction.

MEDICAL AUTHORIZATION, CONSENT FOR TREATMENT, AND RELEASE: I hereby certify that the information and the health history provided in the attached **Medical Information Form** is correct. I hereby expressly release and hold harmless **NSS** from any liability or potential liability, including any HIPAA claim, for any disclosure made concerning the Student's medical condition(s).

Under penalty of perjury, I acknowledge that the undersigned is the Parent or Legal Guardian of the Student named above and that I have read, understand and agree to terms and conditions of each paragraph contained in this document. A fax or electronic copy of this document shall be binding as an original.

Parent/Guardian Signature (required) _____

Parent/Guardian Name (please print clearly) _____

Date: _____

Please return this form by fax or email, as soon as possible, but no later than May 15, 2012 to:

National Space Society
ATTN: ISDC Registration
1155 – 15th St NW, Ste 500
Washington, DC 20005
1-202-429-1600 – Phone
1-202-530-0659 – Fax
Email: nsshq@nss.org