

**Wayne State University STEM Day**  
**5700 Cass Avenue, Suite 3100**  
**Detroit, MI 48202**  
**April 25, 2023**

**Important:** This form must be completed by the STEM Day participant's parent(s) or legal guardian(s) and must be returned to the Wayne State University in order for your daughter, son, or ward to participate in the program. If the participant is attending with their school, please return this to your field trip organizing teacher. Thank you.

Participant First Name: \_\_\_\_\_ Participant Last Name: \_\_\_\_\_

Participant Home Address: \_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip)

Participant Home Phone #: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current school: \_\_\_\_\_

Grade level (circle current grade): Sixth Seventh Eighth Ninth

Specify any food allergies or dietary restrictions: \_\_\_\_\_

Participant Email Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

**VERY IMPORTANT:** Telephone number where you can be reached during STEM Day:  
(\_\_\_\_) \_\_\_\_\_

**DISCLAIMER OF LIABILITY**

Wayne State University and its staff do not assume liability for any injuries sustained by the participant in connection with his/her participation in STEM Day, including injuries that occur during transportation to and from or while present at the STEM Day site(s).

In consideration of my child being permitted to participate in STEM Day and in full recognition and appreciation of the potential dangers and hazards inherent in conducting laboratory research and experiments to which my child may be exposed, I release and hold harmless Wayne State University and its Board of Governors, employees, agents, and representatives from any liability, claims, losses and damages directly or indirectly arising from the participant's participation in STEM Day. I acknowledge that I have reviewed information concerning the nature and activities involved in the program (available online at <http://wayne.edu/stemday>) and I am aware of the risks involved in participation in the program.

**MEDIA RELEASE**

I give Wayne State University permission to use my name, likeness, image, voice, and/or appearance as such may be embedded in photographs, videotapes, web pages, or any other medium with respect to my participation in STEM Day. Wayne State University shall have complete ownership of my image, likeness, and voice, including copyright interests.

**MEDICAL AUTHORIZATION**

I certify that I am the parent or legal guardian of the child. I also certify that the child is in good health and has no physical limitations that would preclude my child's safe participation in STEM Day. In the event of an emergency, I hereby give permission to Wayne State University to secure proper treatment for my child. *Children's Hospital of Michigan is available to provide hospital services in the event of injury to a participant.*

**\*SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*SIGNATURE OF PARTICIPANT:** \_\_\_\_\_ **DATE** \_\_\_\_\_

WSU would like to send you additional information about college preparation, related events and the admission process.  
\_\_\_\_ Yes, send me information. \_\_\_\_ No, thanks do not send me information.