

201 Third Avenue SW  
Cedar Rapids, IA 52404  
(319)200-2786  
STEAMOn.net  
Hub25.org



## **Home Hydroponics On Participant Waiver**

**\* items marked with an asterisk must be completed**

\*Name:

\*Email Address:

Guardian Email:

Employer or School:

How did you hear about us?

\*Date:

\*Over age 18? Yes/No (circle one) If no, give age:

Phone Number:

Guardian Phone:

Organization(s):

**\*Liability Release:** I do hereby release, forever discharge and agree to forever hold harmless Matthew 25, STEAM On, and any related agency, and the directors, employees, volunteers, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned that occur while participating in activities sponsored by Matthew 25 and STEAM On. Furthermore, I hereby assume all risk of said personal injury, sickness, death, damage and expense as a result of participation as above set forth. The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, officers, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. (*\*Initial here to indicate your consent to this Liability Release \_\_\_\_\_*)

**\*Photo Release:** Matthew 25, STEAM On, and any related agency may use any photos and video taken of me during my participation in the organization's sponsored activities in future publications and advertisements without charge, unless I have checked here:

No photo usage

**\*Medical Release:** If I am unable to do so, I authorize \_\_\_\_\_, to consent to any necessary examination, anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of my time at Matthew 25 in Cedar Rapids, Iowa.

\* In case of emergency, contact:

\*Name:

\*Relationship:

\* Address:

\*Phone: (\_\_\_\_)

Allergies:

**We have a zero tolerance policy when it comes to bullying, deliberate harm to others, oneself and property, drugs and alcohol and breaking our child protection policy. STEAM On and Matthew 25 reserve the right to terminate any individuals enrollment in Home Hydroponics On or any other Matthew 25 or STEAM On sponsored event if these policies are broken.**

**\*Applicant's Signature:**

Date:

*If the applicant is a minor, a parent's signature is also required:*

Parent's name (print):

Signature:

Date:

I would not like to receive email notifications from STEAM On

I would not like to receive email notifications from Matthew 25

**Please fill out back side!**

**Availability:** (Please check times that would be convenient for you for open workshop hours)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**Comments** (Experience/Education related to Volunteer Skills & Interests to help inform curriculum development):