



PARENTAL CONSENT FORM LIABILITY & MEDIA RELEASE AND MEDICAL CONSENT

In consideration for the opportunity for my child to voluntarily participate in the Tennessee State University MUREP program, I hereby knowingly and willingly recognize and assume full responsibility for any and all risks associated with my child's involvement and participation in the program including transportation by car, cab, bus, van, or other means, and any and all other programs and activities of MUREP. I hereby release and discharge National Aeronautics and Space Administration (NASA), the National MUREP Office, this SITES-M/MUREP site, members, administrators and agents from any and all claims, present and future, known and unknown, due to, or arising in any manner from, my child's participation in the project or related activities sponsored by Tennessee State University SITES-M/ MUREP. I have read or someone from the SITES-M/MUREP project has read and explained the information contained in this form to me. I willingly agree and give my consent to let SITES-M/MUREP enter data about my child and me into its computer information system. I hereby grant to the National Aeronautics and Space Administration (NASA) and others acting on its behalf, the right to record my child and his/her voice using audio, photographic, video, or other such techniques; to include my child's name, likeness, voice and biographical material in connection with these recordings; to use, reproduce, distribute, and exhibit such recordings in any and all media throughout the world without limitation; and to authorize others to do so, for any purpose which NASA and those acting pursuant to its authority, deem appropriate. I hereby waive all rights of any nature in such recording(s) and the exhibition thereof. It is understood that this grant is provided at NO COST to the Government and that no compensation of any kind shall be due or expected. In case of an emergency, consent is granted to the staff of SITES-M/MUREP to provide medical services through the appropriate medical facilities and/or medical service providers to my child.

By signing below, I verify and acknowledge that I have read and understand this Liability & Media Release and Medical Consent and that I agree to all of the terms and covenants set forth above. I further warrant and agree that I am the parent or legal guardian of the subject child and have the right to execute this release. This Release may not be modified, amended, changed, terminated or canceled orally.

Name of Child: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Print Full Name:

Parent/Guardian Signature:
