Welcome to Bridgewater State University
Center for the Advancement of STEM Education
Family STEM Night

Prior to participating in Family STEM Night, please complete the following media release form and review the guidelines regarding safety glasses and accompanying minors.

Parent/Guardian Name (Please print): ____________________________________________

Child(ren)’s Name(s) (Please print):
_________________________________________________________________________
_________________________________________________________________________

(each, a “Child”)

MEDIA AUTHORIZATION AND RELEASE

Bridgewater State University (the “University”) and its representatives would like to take photographs and/or video during Center for the Advancement of STEM Education’s Family STEM Night and use the materials for the University purposes, including but not limited to use in print and electronic publications, broadcast or posting to the web.

Permission Authorized. I authorize the University to take and use photographs and/or video of me and my Child in whatever way the University shall choose, in any manner or media. I agree that neither I nor my Child shall receive any fee and that all rights, title, and interest of the images and/or video belong to the University. I agree for myself, Child and our heirs, personal representatives, and assigns, to hold harmless, release, and forever discharge the Commonwealth of Massachusetts, the Board of Higher Education, the University, and their trustees, officers, employees and agents, from and against any and all claims, demands, suits, liabilities and expenses which may in any way result from or relate to the use of photos and/or video taken of me and/or my Child for which I have granted permission.

Permission Denied. I deny permission to the University to release photographs and/or video of me and my Child during this year’s Center for the Advancement of STEM Education’s Family STEM Night.

Safety Precautions, Materials and Instructions

Certain Family STEM Night demonstrations involve the use of potentially hazardous materials and/or equipment by University personnel. I agree that I will comply, and cause each Child to comply, with all safety instructions provided by University personnel. Participants should not access classrooms, labs, cabinets or touch materials or equipment unless instructed by University personnel.

Safety glasses and gloves will be distributed to all participants as needed and must be worn during activities as requested by instructors. At the end of each workshop, please return safety glasses to the instructor. Participants who do not return safety glasses will be assessed a $5.00 fee for each pair of safety glasses missing.

I agree that I must accompany and carefully monitor each Child at all times during all Family STEM Night activities.

Parent/Guardian Signature __________________________________________ Date ___________________