



Parent/Legal Guardian Consent Form

The STEM Project

I understand that in order for my child to participate in the activities of *TheSTEMProject*, my child will need to register and submit personal information, including name, email, phone, grade, school, and address of residence and I give permission to *The STEM Project* to collect this information from my child.

By signing this consent form, I give permission for my child to participate in the activities of *The STEM Project* and events/trips organized by *The STEM Project*.

I acknowledge that as a condition of my child participating in any of the programs or activities, I agree to indemnify and hold harmless *The STEM Project*, its volunteers, and the owners of the location where the program/activity is being held, from any liability arising out of the above-mentioned program, event, trip, or activity.

I give permission for my child's name, school name, and photos or videos to be posted on the social media platforms, approved partner websites, and for the press related purposes.

I understand that failure to submit a signed copy of this form will disqualify my child from participating in the activities of *TheSTEMProject*.

I affirm that I am the legal parent/guardian of the minor child listed below and am authorized to grant such permission.

Name of Participating Student

Name of Parent/Guardian

Signature of the Parent/Guardian

Date