

**SCIENCE ATL
PARTICIPATION CONSENT FORM ASSUMPTION OF RISK, RELEASE,
COVENANT NOT TO SUE, AND WAIVER**

You have volunteered in connection with the promotion or implementation of events or programs managed by Science ATL Inc. (the "Event") at various locations throughout the metropolitan Atlanta region. Please read the following, and once you have thoroughly read and agreed to its contents, sign where indicated below.

I understand that there are inherent risks involved in participating in the Event, and I realize that participation in the Event is my choice. I am aware that, during my participation, certain risks and dangers may occur, including, but not limited to, the hazards of traveling by automobile or other conveyance; the hazards of working with large groups of people; accident or illness; the forces of nature; all manner of foreseen and unforeseen bodily and personal injuries, including death; damage to property; and the consequences resulting therefrom.

I understand that *Science ATL Inc.*, its sponsors and partners do not warrant or guarantee in any respect the physical condition of any facility or equipment used in connection with the Event or the suitability of the Event for my participation. I understand that *Science ATL Inc.*, its sponsors and partners do not provide me with any insurance, whether health, accident, or otherwise, in connection with the Event.

I understand that it is my responsibility to know what personal equipment is required (such as footwear and clothing) and provide the proper personal equipment for my participation in the Event, and to ensure that it is in good and suitable condition. I agree to ask questions to make sure that I know how to safely participate in the Event activities.

In consideration of being permitted to participate in the Event, I acknowledge and voluntarily assume all risks associated with the Event.

In additional consideration for *Science ATL Inc.*, its sponsors and partners allowing me to participate in the Event, I hereby release, covenant not to sue, and forever discharge *Science ATL Inc.*, its sponsors and partners and any associated trustees, officers, agents, employees, students and volunteers, of any and all claims, demands, rights, and causes of action of whatever kind or nature, including but not limited to negligence, unforeseen bodily and personal injuries, damage to property, and the consequences thereof resulting from participation in the Event and/or any travel incident thereto.

I expressly agree that the terms of this Assumption of Risk, Release, Covenant Not to Sue and Waiver" (this "Release"), shall be binding upon me and my heirs, executors and assigns, and all members of my family.

I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia without regard to conflict of laws principles. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that, in the event that any clause or provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

In signing this Release, I hereby acknowledge that I have carefully read this entire document, that I understand and agree to comply with its terms, and that I have signed it knowingly and voluntarily.

_____ Signature

_____ Printed Name

_____ Date

SCIENCE ATL INC.

Photo/Video/Audio Release Form

I give my consent to be recorded and/or photographed and/or videotaped as a participant in the **STEM Professional School Partnership** program, from August 28, 2020 to June 15, 2021. Science ATL Inc. ("SATL") has permission to use recordings, photographs and videos of myself for promotional purposes and publications.

My images and/or voices may be used for any purpose whatsoever by SATL without compensation to me, in any broadcast, print or electronic media, including but not limited to usage in newspaper, internet, magazine, printed publications, radio, television, now or hereafter known. I release SATL and its partners from any liability resulting from such usage.

I have read and understand the above consent and release form, and I am signing it voluntarily.

Name (please print): _____

Signature: _____ Date: _____

FOR INTERNAL USE ONLY: _____

SCIENCE ATL YOUTH PROGRAMS STAFF & VOLUNTEER CODE OF CONDUCT

Science ATL is committed to the safety and well-being of minors. Authorized staff and volunteers should be positive role models and treat others with respect, courtesy, and dignity. Authorized staff and volunteers must abide by Science ATL policies and state and federal law.

As an authorized staff or volunteer working in programs for minors, I hereby agree as follows:

- I will maintain appropriate physical boundaries at all times.
- I will immediately report any reasonable suspicion or knowledge of abuse of a minor to the local Police Department and the appropriate supervisor or program director who can take immediate action.
- I will not touch or speak to a minor in a sexual or other inappropriate manner.
- If one-on-one interaction is required, it will take place in open, well-illuminated spaces or rooms with windows observable by other authorized adult or program staff, unless the one-on-one interaction is expressly authorized by the program administrator or is being undertaken by a health care provider.
- I will not meet with minors outside of established program locations or outside of established times. Any exceptions require written parental authorization and must include more than one authorized adult or program staff.
- I will not invite minors to my home or other private location or accept their invitations for the same. Any exceptions require authorization by the program administrator and written authorization by a parent/guardian.
- I will not make sexual comments, tell sexual jokes, or allow minors to access sexually explicit materials.
- I will not engage in private communications with minors to include communications via text messaging, e-mail, phone, internet chat, on-line games, or other forms of social media unless there is an educational or programmatic purpose and the content of the communication is consistent with the mission of the program. Should communication be necessary, I will include a third person.
- I will not engage or allow minors to engage me in romantic or sexual conversations.
- I will not accept or give gifts to minors without the knowledge of their parents or guardians.
- I will not inflict any physical or emotional abuse on minors to include, but not limited to, striking, humiliating, ridiculing, or degrading minors.
- I will not use, possess, or be under the influence of alcohol or illegal drugs at any time while working with minors.
- I will not provide or knowingly allow minors to possess or consume alcohol, tobacco, or illegal drugs.
- I will not use profanity, vulgarity, or harassing language in the presence of minors at any time.
- I will not provide transportation to minors unless doing so is an acknowledged component of the program. When transporting minors, more than one volunteer or program staff must be present in the vehicle, except when multiple children/teens will be in the vehicle at all times through the transportation.

My signature below confirms that I have read and understand this Code of Conduct. My signature further confirms that I agree to abide by this Code of Conduct. Failure to abide by this Code of Conduct may result in sanctions against me, including but not limited to, termination and/or criminal prosecution.

Print Full Name

Date

Signature

Program Name