Please download and fill out this waiver. Completed waivers should be emailed to <a href="mailto:akorn@mdsci.org">akorn@mdsci.org</a>. Any adult over the age of 18 will be required to sign a waiver prior to the event.

Adult Name		Program Date:  Home Phone	
Email Address		Mobile Phone (if applicable)	
Minor(s) in my care - Plea	se list the children for who	om you are responsible:	
2			
3			
4			
Agents, from any and all limy attendance at the men harmless liability, damage	iability, damages, claims on the control of actions of	or causes of action, arising on tivity at the MSC. I further a on made or brought by the	ficers, Overseers, Employees and out of or in any way connected with gree to indemnify and hold forever minor(s) accompanying me or by e minor(s) attending or participating
ucational event and that p MSC website or by broadc use of tobacco products o MSC is prohibited. My sign	photos, video, or audio rec cast media for educational r consumption of alcoholic nature below indicates tha locument. Failure to do so	ordings taken may be used and promotional purposes. beverages while involved it I have read, understand, a	ny activity associated with this ed- in MSC's printed material or on the I understand that smoking or other in the MSC overnight event at the and will comply with all stipulations dismissal from the event of both
Each participating adult M	IUST provide a completed o	and signed "Adult Waiver" a	t the time of the programming event.
Signature		Date	