

**MEEC Solar Cook-Off Event
Certificate of Permission, Understanding and Release of Liability**

PARENTS - Please read carefully and sign in all designated places.

I, _____, the parent/guardian of _____, who has applied for participation in the 2023 Solar Cook-Off Challenge, also known as or referred to as "Cook-Off" in this document, hereby authorize my son/daughter to attend the Solar Cook-Off Challenge and do certify that:

1. I hereby permit my child to participate in all Cook-Off activities which may include hands-on activities, such as activities and games and may involve some physical activity. I also ensure transportation to and from this event. This release shall remain in effect for the entire day of the one-day Cook-Off.
2. Mojave Environmental Education Consortium, Mojave Desert Air Quality Management District, (hereafter, "Cook-Off Sponsors") have my permission to release photographs of my child to the media and non-confidential information on my child to the same for publicity purposes.
3. The Cook-Off has been explained to me and I understand that the Cook-Off is a Science, Technology, Engineering and Mathematics event, designed for students in grades 4 through 12.

Furthermore, in consideration of my student's participation in the Cook-Off, I **HEREBY RELEASE** Sponsors, officers, agents, employees, successors and assignees, from any and all liability that may arise from my child's participation in the Cook-Off.

I **AGREE** to hold harmless MEEC, the Mojave Desert Air Quality Management District, MEEC Sponsors, and their officers, agents, employees, successors and assignees regarding any liability or cause of action which may arise from my student's participation in the Cook-Off.

Acknowledgement of Consent

In the event of an emergency, I give permission for my child to be transported to the nearest hospital.

By submitting this application, I agree that any information I provide may be made available to any person having a legitimate need for the information. I further agree that the MEEC Sponsors are authorized to obtain any information from any agency to assist in assessing this application, **in accordance with the Privacy Act of 1974, by authority of Executive Order 9397.**

IN WITNESS WHEREOF, I have affixed my signature hereto this _____, 2024
(Date: Month and day)

Signature of Parent/Guardian: _____

Printed parent/guardian name: _____

EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name: _____

Home Phone: (_____) Work Phone: (_____) Cell Phone: (_____)

Home Address: _____ City: _____ State: CA Zip: _____

Is this person authorized to pick up student? (Please circle) Yes No

Legal Guardian: (please circle) Yes No Emergency Contact: (please circle) Yes No