STEMworks Waiver Forms

Event Name & Date: Kaiser Career Exploration Day, Saturday, November 15, 2025

About the event: Please refer to attached flier

INFORMATION WAIVER , MEDIA RELEASE,. MEDICAL RELEASE, & STUDENT CONDUCT AGREEMENT

I hereby grant permission to Maui Economic Development Board, Inc. (MEDB)/STEMworks, its agents, partners, and others working under its authority, full and free use of video/photographs containing my image/likeness. I understand that these images/projects may be used for promotional, news, research, and/or educational purposes. I release, discharge, and hold harmless MEDB, its partners, and agents from any and all claims, demands, or causes of action arising from their use.
I also grant permission to MEDB/STEMworks, its partners, agents, and others working under its authority, to use my information as indicated below:
Yes_____ No_____

Medical Release :As the legal guardian of listed student, I authorize STEMworks to seek first aid and/or emergency medical treatment in the event of a medical event or emergency and will not hold them liable for the outcome of any such treatment.
Yes_____ No_____

Student Conduct: All participants must act professionally and respectfully, dress appropriately (long pants, casual shirt/school uniform, no midriff), attend all sessions on time and fully participate, respect others, property, and differing opinions, avoid discussing or promoting illegal activities such as tobacco, drugs, or alcohol, and use appropriate language. Violations may result in disciplinary action.
Yes_____ No_____

As parent or legal guardian of (name of minor child) _____
I agree to the terms of this "INFORMATION WAIVER , MEDIA RELEASE, MEDICAL RELEASE & STUDENT CONDUCT AGREEMENT" in respect to my child.

_____ _____
Student Legal Name (please print) Student Signature

_____ _____
Legal Name Parent/Guardian of Minor (please print) Parent Signature

Date_____

<Please bring this signed form with you to the event>

Emergency Contact and Medical Information: *(Any information provided herein will be kept private and will be used only to facilitate a safe and welcoming environment for all participants)*

STUDENT INFORMATION
Legal Name (First & Last) _____
(Legal name as stated on valid ID like student ID, State ID, etc.)
Preferred Name_____
School _____ Grade_____

Emergency Contact(s):
Name: _____ Phone: _____ _____

Name: _____ Phone: _____ _____

Does this child have any allergies that we should be aware of? _____
_____

This is a welcoming place for all! Does this child have any disabilities that will require accommodations? If so, please describe:
_____
_____

Will this child have any medications on them that they will need to take during the event? If so, please describe: _____
_____

As the legal guardian of (Student Legal Name) _____ I authorize STEMworks to seek first aid and/or emergency medical treatment in the event of a medical event or emergency and will not hold them liable for the outcome of any such treatment.

_____ _____
Legal Name Parent/Guardian of Minor (please print) Signature

Date_____