



Staff Use Only
Camper # _____

Camp KSC 2011 Medical Authorization

I/We, _____, the parent(s) or guardian(s) of _____ (the "Child") hereby authorize and consent to any and all medical care and hospital treatment deemed necessary for the health and well-being of the Child in case of an accident or medical emergency and in the absence of myself or the other parent or guardian (if applicable) under the direction of an adult representative of Camp KSC at Kennedy Space Center Visitor Complex/U.S. Astronaut Hall of Fame Operated by DNC Parks & Resorts at KSC, Inc. I also assume the responsibility for the payment of any such treatment. I/we hereby acknowledge and agree this Medical Authorization is subject to the Camp KSC Release, Waiver and Indemnification Agreement which was executed and submitted by me/us as part of the Camp KSC Confirmation Packet. I/we agree to indemnify Camp KSC at Kennedy Space Center Visitor Complex/U.S. Astronaut Hall of Fame Operated by DNC Parks & Resorts at KSC, inc. for or in connection with the medical care and/or hospital treatment rendered by a Medical Provider pursuant to this Medical Release and expenses relating to the treatment of the Child by a Medical Provider, including without limitation, medical bills, transportation of the Child to any Medical Provider or home in the event the Child is no longer able to participate in the Camp KSC at Kennedy Space Center Visitor Complex/U.S. Astronaut Hall of Fame Operated by DNC Parks & Resorts at KSC, Inc..

Printed Adult Name: _____ **Signed Adult Name:** _____

Relationship to Child: _____

*** Cell Phone Number:** _____ *** Preferred method of contact**

Alternate Phone Number: _____

Camper's Date of Birth: _____ **Age of child at time of Camp:** _____

Medical Release Information

Are all your campers immunizations up to date: YES / NO
When was the date of your camper's last tetanus shot: _____

List any medications your child may be on during camp:

List any allergies your child has (food, medication or environmental):

Dietary Needs

My camper will require the vegetarian meal during Camp: YES / NO

The vegetarian options may consist of veggie burgers/ wraps, peanut butter and jelly sandwiches and salads. Vegetarian option is at the discretion of the Catering staff.

Motion-based Simulator Consent Form

Kennedy Space Center Visitor Complex is proud to include several motion-based space simulators as part of the Camp KSC® experience. These simulators, located on the Training Floor of the U.S. Astronaut Hall of Fame and at the Kennedy Space Center Visitor Complex, are an exciting way for campers to learn about the science of spaceflight and experience components of astronaut training, past and present. During simulator training, individuals may experience up to three G's of gravitational force, disorientation, or fluid shifts. Persons with cardiac conditions, pulmonary dysfunctions, sensory handicaps or chronic illnesses may not be able to participate fully in the program. While these simulators are extremely fun and rewarding there are some medical conditions our instructors need to be aware of to keep your camper safe during their time at Camp KSC.

Please let us know if any of the following apply to your camper. Please explain any identified issues in the space provided.

- Inner ear disorders
 - Vertigo
 - Motion sickness
 - Heart problems
 - High blood pressure
 - Head colds (within the last week) or sinus infections
 - Fear of heights
 - Recent broken bones (during the preceding school year)
 - Recent surgery
 - Back injuries
 - Knee or leg injuries
 - Other (not listed above)
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All simulators are “challenge by choice”. Campers will not be forced to participate if they are uncomfortable.

The following is a brief description of our motion based simulators:

Multi-Axis Trainer (MAT) (minimum height 52” maximum weight of 250 lbs) simulates a capsule tumbling out of control. Your camper will be strapped into our MAT via 5-point harness to experience the disorientation associated with this tumbling.

Micro Gravity Wall (minimum weight 55 lbs, maximum weight 250 lbs) simulates the freedom of movement that a spacewalking astronaut has while performing a space walk. This is done by counterbalancing your camper via a weight system to achieve neutral buoyancy. *Mercury Team does not participate in this simulator.*

Trajectory Chair (T-Chair) introduces the concept of trajectory to your camper. It will allow them to learn some of the challenges associated with launching a vehicle here at Kennedy Space Center.

1/6th Gravity Chair is designed to simulate walking on the moon. Your camper will be raised slightly in a harness so that they are relieved of some of the effects of gravity. *Since the Mercury Team does not participate on the Micro Gravity Wall, they are the only participants of this simulator.*

Shuttle Launch Experience® (SLE) at the Kennedy Space Center Visitor Complex (minimum height of 44”)
The Shuttle Launch Experience is a realistic simulation of an actual shuttle launch, which includes: extreme shaking, motion/vibrations, loud noise, visual and lighting effects.

I/We _____ (parent/guardian) grant permission for our child to participate in the simulator training element of Camp KSC. I also certify to the best of my knowledge our child is in good physical health and condition to participate in the the simulator training, if our child so chooses.

Camper's Name: _____

Signed by Parent or Guardian: _____

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Camper# _____



2011 Consent to Photograph/Media Release

In consideration of Camp KSC at Kennedy Space Center Visitor Complex/U.S. Astronaut Hall of Fame operated by DNC Parks & Resorts at KSC, Inc. permitting my child/children's participation in CAMP KSC activity and/or program, I/We hereby grant Camp KSC at Kennedy Space Center Visitor Complex/U.S. Astronaut Hall of Fame operated by DNC Parks & Resorts at KSC, Inc. and its parent and affiliated companies (the "Company") the right to take, copy, use, publish, alter and distribute photographs, movies, films, videotapes, audio tapes, and any other recording of the child named below. I/We further irrevocably consent to the worldwide use of the child's name, voice, likeness, photographs and pictures (the "Likeness") without payment or any other consideration, in any media or embodiment, now known or hereafter to become known, including, but not limited to, all formats of computer readable electronic magnetic, digital, laser or optical-based media, Internet or World Wide Web. I/We understand that such use may include publicity, advertising, promotion or any other lawful purpose, without restrictions or remunerations. I/We hereby waive my/our right to inspect or approve any work containing the Likeness of the child.

I/We hereby waive all rights and release the Company from, and shall neither sue nor bring any proceeding against any parties for, any claim or cause of action, whether now known or unknown, for defamation, invasion of right to privacy, publicity or personality or any similar matter, or based upon or relating to the use and exploitation of the Likeness of the child. This consent and release shall be binding upon the undersigned and his/her heirs, legal representatives, successors, and assigns.

Printed Parent/Guardian Name: _____

Printed Child's Name: _____

Signature of Parent or Guardian: _____

Relationship to Child: _____

Date: _____



2011 Camper Contact Information

Camper's full name _____

Local address (Hotel name/address or address during camp session)

Local phone _____

Emergency contacts:

Name (s) _____

Phone(s) _____

Authorized pick up:

Name (s) _____

Phone(s) _____

Name (s) _____

Phone(s) _____

Special needs (i.e., challenges/restrictions) if any:

Parent/Guardian signature

Date

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This form is only necessary if camper will be taking medications during camp operating hours



2011 Medication Administration Authorization

I/We hereby give our permission for Camp KSC at Kennedy Space Center Visitor Complex/U.S. Astronaut Hall of Fame operated by DNC Parks & Resorts at KSC, Inc. to administer the following medication to my child during the Camp KSC session identified below:

Child's Name: _____, who will be attending camp during (Dates) _____ to _____ 2011.

Name of Medication: _____

Purpose or Reason for medication: _____

Frequency given: _____

Dose given: _____

Note: Camp KSC will only accept the daily dosage of any required medication in a package clearly marked with the medication name and the camper's name and camper number.

I hereby acknowledge and agree this Medication Administration Authorization is subject to the Camp KSC Release, Waiver and Indemnification Agreement which was executed and submitted by me/us as part of the Camp KSC Confirmation Packet.

Printed Adult Name: _____

Signed: _____

Relationship to Child: _____

Date: _____