

**Print this form and mail it to the following address**

National Canal Museum  
Attn: Sonya  
30 Centre Square  
Easton, PA 18042

**You will not be permitted into the conference without a signed form!**

Name of student(s) attending \_\_\_\_\_

**Parental Consent, Medical, Release, and Disclosure Form**

Under adult supervision, your child will benefit from the conference workshops designed to stimulate interest and active participation. By adding your signature, you acknowledge responsibility and agree to hold "Expanding Your Horizon," the National Canal Museum, its sponsors and their officers, agents, and employees harmless from all claims for injury or damage.

I understand that my child may come into contact with live plants or animals, chemicals, biologics, electrical and computer equipment, and/or other laboratory-related equipment. Photographs of my child, or other reproductions of my child's likeness, may be used in future EYH, National Canal Museum, and Society of Women Engineers Lehigh Valley Chapter materials, including the National Canal Museum website.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Cell Phone Number

incase we need to contact a parent during the conference