



STEM Goes Red™

## 2025 STEM Goes Red

**Student Participation Form and Parental Consent**

Name of Child: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Minor Child Release, Liability Waiver and Hold Harmless Statement**

I understand and I am fully aware that my child will be involved in the American Heart Association, Inc. NEO STEM Goes Red event taking place on December 8, 2025, that includes participating in interactive projects, hands on experiments, and activities which may include risks such as, but not limited to interaction with other participants, physically and otherwise, and use of technology. I am also aware of the highly contagious nature of bacterial and viral diseases including the 2019 novel coronavirus disease (COVID-19), influenza and other infectious diseases (collectively, the "Disease") and the risk that my child may be exposed to or contract the Disease by engaging in the 2025 NEO STEM Goes Red event, which may result in serious illness.

I also understand that there may be other certain risks involved not aforementioned with participating in the STEM event. On behalf of my minor child identified above, I hereby Release, Discharge and Agree to Hold Harmless the American Heart Association, organizers, agents, volunteers, assistants, employees and participants from any and all claims, demands, damages or actions of any kind arising due to bodily injury, illness, death, property damage (whether tangible property or harm to a device, software or data caused by technology used by you or your child), and/or loss or misuse of personal information resulting from any incident which may occur as a result of my minor child's participating in any STEM event activities.

**Photograph Release**

Additionally, I consent to and permit AHA to take and use video and voice recordings and photographs taken of my Child by, or provided by me to, the AHA for the purpose of promoting AHA's mission, its programs and activities ("Images"). "Use" includes publishing such Images for such purpose in any medium, including in social media and may include use of my image and likeness, my Child's voice only, or excerpts from any interview or presentation. I understand that such Images and the copyright therein shall be solely owned by AHA, and AHA shall have the right in perpetuity to sell, duplicate, reproduce, adapt, modify, create a derivative work from, and publicly display such Images without any attribution or compensation paid to me.

**Permission to Contact Child and to Participate:**

I hereby (i) consent to the American Heart Association contacting my child using the email address or telephone number provided above about the STEM event and (ii) give my permission for my child to participate in the STEM event.

\_\_\_\_\_  
Printed Name of Parent/Guardian\_\_\_\_\_  
Signature of Parent/Guardian\_\_\_\_\_  
Date