**OHRID HI-TECH EXCELLENCE CAMP 2025**

***Parent Consent Form***

Participant’s Full Name:

Participant’s Birth Date (mm/dd/yyyy):

Grade completed:

School:

Home Address:

Participant’s Allergies (please state all):

Participant’s meal preferences or restrictions:

Participant’s medical conditions (please state all):

Participant’s Blood Type:

Participant knows how to swim (answer with YES or NO):

Additional comments:

1. **About the Camp**

Ohrid Hi-Tech Excellence Camp is a weeklong program that takes place in Ohrid, Macedonia. Participants follow a curriculum delivered by certified STEM lecturers, with the aim of further developing their coding and robotics skills. In addition, the program provides an opportunity for Macedonian youths from all over the world to create networks, establish friendships, strengthen and build on native Macedonian culture, explore local nature and our cultural heritage, and experience Macedonian cuisine and specialties.

Participants will be accommodated in a 3+ star hotel in Ohrid, Macedonia (location will be disclosed and shared with all participants closer to the date of the Camp). All classes and competitions will take place at the same location. Camp activities will also include field trips to local cultural sights and events.

1. **Transportation**

Participants are responsible for securing their own travel arrangements to Skopje or Ohrid. The participants living abroad are organizing and paying their own transport to Macedonia.

The organizer will provide free transport with minibus/bus from Skopje to the Camp location in Ohrid. Adult volunteers and chaperones will accompany the participants to local nature, the beach, concert venues, local sights, and any other visits during Camp.

1. **Insurance**

I/We understand that Macedonia2025 does not carry any responsibility relative to the activities or for any injury that may occur to the above-named child.

I/We represent that the child is:

(a) covered by insurance through my/our own insurance carrier and the insurance policy will be e-mailed to the organizer prior to the commencement of the camp (for participants from abroad); or

(b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.

1. **Emergencies**

If the above-named child requires any emergency medical treatment or procedures during the activities, I/We hereby consent to and authorize the above-named activity supervisor(s) to make any decision and take any action to arrange for such procedures or treatments in the discretion of the activity supervisor(s).

1. **Release and Identification**

I/We release and waive, and further agree to indemnify, hold harmless or reimburse Macedonia2025 or its Partners, the individual members, agents, employees and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the child's participation in the activities (including all forms of transportation) or the rendering of emergency medical procedures or treatment, if any.

Parent/Legal Guardian Name 1:

Parent/Legal Guardian Name 2:

Address:

Parent/Legal Guardian 1 email address:

Parent/Legal Guardian 2 email address:

Parent/Legal Guardian 1 phone number:

Parent/Legal Guardian 2 phone number:

1. **Emergency Contacts**

If, in the event of medical or other emergencies, I am unable to be reached by telephone, I authorize the activity supervisor(s) to attempt to contact me through the emergency contacts listed below.

Emergency Contact #1 Name:

Relationship:

Email Address:

Phone Number:

Emergency Contact #2 Name:

Relationship:

Email Address:

Phone Number:

1. **Health Pandemic Circumstances**

Macedonia2025 is committed to adhering to applicable state and local standards of conduct and has implemented reasonable preventative measures to minimize the spread of health pandemics or diseases. However, despite our best efforts, we cannot guarantee that your child will be immune to the risks associated with health pandemics or diseases. It is important to recognize that participating in the Ohrid High-Tech Excellence Camp may potentially increase your child's vulnerability to contracting a health pandemic or disease.

Macedonia2025 remains hopeful that the Camp and its activities will proceed as planned. However, the status of health pandemics, domestic safety measures, and international travel regulations are factors beyond our control. Please be aware that we will not be able to reimburse any expenses incurred before the Camp in the event of its cancellation due to health pandemic or disease-related restrictions.

1. **Parent/Guardian Consent and Signature**

The information I/We have given in this form is complete and accurate. By signing this form, I/We confirm that I/We have fully informed myself of the contents of this Parental Consent Form by reading it before I/We signed it. I/We warrant that I/We possess all the rights, powers, and privileges of a parent(s) or legal guardian(s) necessary to execute this document with binding legal effects.

I/We hereby attest that I/We am/are the legal parent(s)\guardian(s) of the above-named child and hereby consent to the child's participation in the activities described above. I/We understand that activities of the kind described above may result in physical injury to my/our child but specifically request that he or she be allowed to participate in those activities.

I/We hereby permit Macedonia2025 and its representatives to photograph and use photographs and/or digital images of my/our child for use in a printed report, publications or materials, electronic publications publication or materials, project website, and/or social media project-related news.

Place/Date:

Parent /Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_