

Brandeis University Permission Slip

I _____, by my signature below, hereby knowingly, willingly and voluntarily consent to permit my child, _____, to participate in the _____ (Insert Program Name here) at Brandeis University

In consideration for my child’s participation in the program I, on behalf of myself, my child, my executors, heirs, administrators and assigns, hereby release and forever discharge Brandeis University, (and Waltham Public Schools if applicable) its Trustees, officers, employees, agents and student groups, of and from any claims or causes of action arising from my child’s participation in the program stated above. In addition, I hereby agree to release, indemnify and forever discharge Brandeis University (and Waltham Public Schools if applicable) of and from contribution or indemnification with respect to any claim made against my child by any person or entity in connection therewith, or against Brandeis in connection with my child’s acts or omissions during the program.

I hereby acknowledge that I have read and understood the above statements, and I represent that I am of the specified legal age in my State of residence to bind myself to this Release. This instrument has been executed in and shall be governed by the laws of the Commonwealth of Massachusetts.

Please initial the following statements:

___ I grant Brandeis University the right to take photographs of my child in connection with the program. I authorize Brandeis University to use and publish the same in print and/or electronically for program and website usage.

___ I permit my child to eat the food provided by program.

___ I permit Brandeis to take my child off of campus for program and ‘field trip’ purposes.

___ I permit my child to receive medical attention by Brandeis University emergency services.

Please state any medical conditions and/or allergies that we should be aware of:

Child’s Age _____

Child’s Grade _____

EMERGENCY CONTACT INFORMATION: (PLEASE PRINT)

PARENT/GUARDIAN NAME _____

ADDRESS _____

PHONE _____

IF PARENT CAN NOT BE REACHED CALL:

NAME: _____

PHONE: _____

REALTIONSHIP TO CHILD _____

Signature of Parent/Guardian

Date