



PARENTAL PERMISSION FORM

This form **MUST** be signed by a parent or legal guardian of any child participating in specially organized youth programs at the UNIVERSITY OF _____.
Please bring this completed and signed form to the event on **October 1, 2011** in order for your child to be able to participate.

First and last name of child: _____

I understand that the University and its representatives will take all reasonable steps to provide individual care and safety for each child, but I am aware that the University, its officers, employees, agents and volunteers cannot assume responsibility for any injury, loss, damage or harm to any child or to his/her property during the course of any activity which is part of the above program, including traveling to and from the University campus.

I understand and acknowledge that certain risks of injury, loss, damage or harm are inherent to participation in any program or activity and I agree to indemnify and save harmless the **UNIVERSITY OF WINDSOR** its officers, employees, agents and volunteers from and against any injury, loss, damage or harm that may befall my child(ren) as a result of their participation in this program UNLESS such injury, loss, damage or harm is caused by the **SOLE NEGLIGENCE** of the University or its representatives while acting within the scope of their duties.

I hereby grant permission for my child to fully participate in the Go ENG Girl program. I declare having read and understood the above and hereby consent to my child participating on the basis described. Go ENG Girl is solely responsible for the use and protection of any and all personal information collected from registrants.

Printed name of parent/guardian

Date

Signature of parent/guardian

Emergency Contact Information:

Name

Relationship to child

Home phone _____

Cell phone _____

Permission is hereby granted to contact my child via mail/email to follow up on their career choice.

Yes ____ No ____

Permission is hereby given for any photos of my child to appear in the program brochure or in any other advertising publication by the University.

Yes ____ No ____ [If NO, sticker will be added to name tag]

Please state any allergies or medical conditions:

