PARENTAL CONSENT FORM

Parent(s)/Guardian(s): Please review the following information carefully and sign below to grant your consent.

- I understand that parts of my child’s program may be physically or emotionally demanding and I agree that participation in the program is at my child’s own risk. I hereby acknowledge that I am aware of these risks and I agree that my child will follow all safety instructions and ask questions if he/she does not understand.

- I acknowledge that, despite careful precautions, there are certain inherent risks of injury in this program and I accept these risks. I understand that each participant must assume the risk of injury or disability that could result from any of the activities. My child and I assume full responsibility for any injuries or damages that may occur in, on, or about the premises of Michigan Technological University, or off the premises when involved in an off-campus activity of the program. My child and I hereby fully and forever release, discharge, agree to indemnify and hold harmless, and covenant not to sue Michigan Technological University, its Board of Control, employees, and agents from and for any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the student’s participation in the program or any injury suffered while participating in the program except insofar as such claim or cause of action arises from intentional misconduct by Michigan Technological University, its officers, agents, or employees.

- By signing this form, I am granting Michigan Technological University authority to secure emergency medical/surgical treatment for my child while attending the program if there is insufficient time to contact me. I am also giving Michigan Technological University permission to secure routine, nonsurgical medical care for my child while attending the program.

- My signature authorizes publication of my child’s participation. Publication may include notice in my local newspaper, as well as use of photos and statements in any literature produced for any affiliated Youth Program. I understand that if I do not wish for my child’s participation in Youth Programs to be publicized, I must request confidentiality in writing.

- I understand that my child’s room will be inspected during the Youth Programs check-out process. In the event that there has been any damage to the property of Michigan Technological University, responsible individuals will be billed.

- By signing this form, I am granting Michigan Technological University permission to survey my student regarding their experience. I understand that no private or identifying information will be collected, and my student may refuse participation in the survey. For more information, please contact Youth Programs.

Parent/Guardian Name (Please Print)  Date

Parent/Guardian Signature