

# Vassar College

## Parent /Guardian Consent and Release Form

Child's Name:

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Home Address:

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Emergency Contact

Name \_\_\_\_\_

Emergency Phone Number:

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Parent/Guardian Name:

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**Health Statement:** Please list any special instructions we may need to know about your child, including any allergies, physical limitations, i.e., asthma, visual impairment, use of prescription medication, etc.

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I certify, to the best of my knowledge, my child is in good physical condition and has no disease or injury that would impair his or her health during activities.

**Hold Harmless:** I agree to indemnify, defend, and hold harmless Vassar College, its trustees, officers, agents, employees and students from and against any claims whatsoever on account of damage to personal property or personal injury including death that may result from my child's participation in the program. I have read this waiver of liability and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily and intend, by my signature, for this to serve as a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Signature: \_\_\_\_\_ Date:

I understand that photos of the program may be taken. If so, none of my child's personal information (i.e. name, address, etc), will be published or released in any manner.

\_\_\_\_\_ I give my permission for photographs of my child's participation in this event.

\_\_\_\_\_ I DO NOT give my permission for photographs of my child's participation in this event, but agree as stated above for her/him to participate in the program.

Parent/Guardian Signature: \_\_\_\_\_ Date: