Name of Student: ____________________________________________________________________________________

Name of Parent or Guardian: ___________________________________________________________________________

Email ______________________ Home Phone: __________________ Cell Phone: _______________________________

Emergency Contact (other than parent or guardian): _______________________ Phone: ___________________________

Relationship of emergency contact to the student: __________________________________________________________

Does the child have any chronic or acute medical problems? YES   NO       If yes, please explain:

___________________________________________________________________________________________________

We will provide [food] during each workshop. Please list any allergies:

___________________________________________________________________________________________________

List any medication that may need to be taken during this workshop: ____________________________________________

Names of people authorized to pick child up: _______________________________________________________________

MEDICAL TREATMENT PERMISSION & RELEASE

I desire my child to participate in XXX ("the Program"). I understand that there are hazards and risks, as well as benefits, associated with my child’s participation in the Program. In consideration of the benefits of my child’s participation in the Program, I, on behalf of myself, my child, my or their heirs, executors, administrators, agents, assigns, and other personal representatives, irrevocably and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, that I or my child, have or may have against Carnegie Mellon University and/or its trustees, officers, employees, agents, assigns, or contractors arising from or connected with my child’s participation in the Program, including the securing of medical treatment for my child during my child’s participation in the Program.

I give my permission to Carnegie Mellon University, its employees, agents, assigns, or contractors to secure medical treatment for my child in the event that such treatment is needed during my child’s participation in the Program or related activities. I agree to assume financial responsibility for the cost of such treatment.

The laws of the Commonwealth of Pennsylvania shall apply to this Medical Treatment Permission & Release. If any of the provisions, terms, clauses, or waivers or releases of claims or rights contained herein are declared illegal, unenforceable, or ineffective in a legal or other forum or proceeding, such provisions, terms, clauses or waivers and releases shall be deemed severable, and all other provisions, terms, clauses and waivers and releases of claims and rights contained herein shall remain valid and binding.

I sign this document with the intent to be legally bound by it. I am an adult, competent to sign this document. I am signing this document voluntarily. I have read it and I understand its contents.

__________________________________________   ________________________________
Signature of Parent or Guardian                                                                 Date

IMAGE PERMISSION & RELEASE

We may photograph the students completing the activities for this workshop and the photographs would be used for non-commercial purposes (i.e. we will not sell them) such as promoting the program on campus or to encourage other families to participate in coming years. Please indicate if you give us permission to use your child’s image for such purposes by signing below:

I give permission for my child, as a participant in XXX to be photographed in connection with the Program. I give permission for Carnegie Mellon to use photographed materials in university publications, or other websites for publicity purposes, or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to said photographed materials.

__________________________________________   ________________________________
Signature of Parent or Guardian                                                                 Date