

PARENT PERMISSION FORM FOR MINOR PARTICIPANTS – SUMMER PROGRAMS

My son/daughter, \_\_\_\_\_, is participating in the  
\_\_\_\_\_ summer program at the University of Pennsylvania  
from \_\_\_\_\_ to \_\_\_\_\_.

I have carefully read, understand and have signed the Summer Program Participant Agreement. I also have carefully read and understand the terms of this permission form and have had the opportunity to ask any questions I may have.

I hereby give my permission for my son/daughter to participate in the program, and any and all of its activities, and agree to release, indemnify, and hold harmless the University of Pennsylvania from and against any claim which I or my son/daughter or any other person may have for any losses, damages or injuries arising out of or in connection with my child's participation in the summer program. It is agreed that my child's participation is adequate consideration.

I understand that photographs, video recordings or audio recordings may be taken of me during my participation in this Summer Program by employees, students, or agents of the Trustees of the University of Pennsylvania and shall be used in connection with the University of Pennsylvania's dissemination of information by its academic and public service programs to the general public. I authorize the University of Pennsylvania to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, for purposes of publicizing University of Pennsylvania programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written copy, wherein my likeness appears. "I hereby give my permission for my son/daughter to participate in the program, and any and all of its activities *which may include but is not limited to providing transportation for activities that require such.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent (or Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*A minor is any participant under 18 years of age.**

[SAMPLE]\*

**Program Emergency Contact Information**

Print Participant's Name: \_\_\_\_\_  
(First, Middle, Last/Surname)

Participant's Birthdate: \_\_\_\_\_

**Two emergency contacts and 24/7 contact information is required:**

1. Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone # Day: Area Code ( ) \_\_\_\_\_

Phone # Evening: Area Code ( ) \_\_\_\_\_

Cell: Area Code ( ) \_\_\_\_\_

Permanent address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone # Day: Area Code ( ) \_\_\_\_\_

Phone # Evening: Area Code ( ) \_\_\_\_\_

Cell: Area Code ( ) \_\_\_\_\_

Permanent address: \_\_\_\_\_

Email address: \_\_\_\_\_

\*The participant emergency contact information provided on this sample is the minimum amount of information necessary that program staff must obtain in advance of the program (data must be maintained on file for the duration of the program).

**Trustees of the University of Pennsylvania**  
**Summer Programs**  
**WAIVER AND RELEASE**

In return for being permitted to participate in \_\_\_\_\_  
Name of Summer Program

During the summer months of 2018, at the University of Pennsylvania and understanding that there are certain risks in connection with such activity, and intending to be legally bound hereby, the undersigned, for himself/herself, assigns and legal representatives, hereby expressly agrees to:

1. Release, waive, discharge and agree not to sue the Trustees of the University of Pennsylvania and all its successors, assigns, affiliates, officers, directors, employees and agents ("Penn") from all manner of actions and causes of action, suits, debts, accounts, judgments, claims and demands whatsoever in law or equity, and attorney's fees, including all claims arising out of any incidents involving personal injury in any way by reason of participation in the Program;
2. Assume any and all risks arising from his/her participation in the voluntary activity named above, including without limitation, the risks of bodily injury or property damage, the unavailability of emergency medical care or the negligent or the deliberate act of another person.
3. Indemnify, defend and hold the Trustees of the University of Pennsylvania, its directors, officers, employees and agents harmless from any and all claims, causes of action, damages, judgments, costs or expenses that arise out of or relate to the negligent or intentional act or omission of the undersigned.

Each of the undersigned expressly acknowledges that he/she has read and understands this Agreement and Release and signs it freely and voluntarily.

\_\_\_\_\_  
Name of Participant (*please print*)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name of Parent/Legal Guardian (*please print*)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

[SAMPLE]

SUMMER PROGRAM PARTICIPANT AGREEMENT

I, \_\_\_\_\_, am a participant in the following summer program at the University of Pennsylvania:

[Name of program and brief description]

The dates of this program are: [Dates of participation]

As a condition of my participation in this program, I agree and understand the following:

1. I will abide by the rules and regulations of the program as explained to me by the program supervisors.
2. I will attend program activities as required.
3. I will treat each person in the program with respect and courtesy. Abusive language is strictly forbidden. Bullying, hazing, threatening behavior, and harassing conduct are also strictly forbidden.
4. I will respect University property and act responsibly on campus. I understand that I am responsible for any damage that I may cause to any property of the University.
5. I understand that all sexual activity is absolutely forbidden and will not be tolerated.
6. I understand that the possession, use, consumption, or sale of any drug (including cigarettes and alcohol, but not including prescribed medication if used as prescribed) is strictly prohibited and a criminal act under United States law.
7. I understand the possession, use, handling, or sale of any type of weapon is strictly prohibited. I understand that I must immediately notify my program director or security liaison should I become aware of another student having possession of a weapon.

**I have carefully read and understand this agreement. I have had the opportunity to ask any questions I may have about the program and the rules I am hereby agreeing to follow. I understand that if I fail to abide by any of the conditions in this agreement, I may be dismissed from the program immediately or that I may be subject to other appropriate disciplinary action.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**\*Parent/Guardian signature not required if participant is 18 or older.**

[SAMPLE]\*

**Authorization for Medical Treatment of a Minor**

I hereby authorize representatives of the \_\_\_\_\_ program at the University of Pennsylvania to consent to emergency and urgent medical treatment for the Participant named below, including securing a medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted below.

This authorization shall remain in effect as long as Participant is participating in the program.

Exceptions: (if none, write "none")

\_\_\_\_\_

Participant is allergic to the following medications: \_\_\_\_\_

Other medical conditions that you wish for those providing treatment to be aware of:

\_\_\_\_\_

**\* PLEASE ATTACH A COPY OF THE PARTICIPANT'S IMMUNIZATION RECORD \***

Name of Participant: \_\_\_\_\_

Participant's Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Participant's Physician name / phone number: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

\*\*\*\*\*

**Insurance Information**

Is Participant covered by a health insurance plan? Yes \_\_\_\_\_ No \_\_\_\_\_ \*\*

Name of Participant's health insurance company

\_\_\_\_\_

Policy or plan number(s) \_\_\_\_\_

(\*Please provide ALL numbers and/or codes to identify your plan or policy and attach a photocopy of your membership card or policy document to this form.)

Name of subscriber to policy or plan \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Name of Participant \_\_\_\_\_