



Parental Waiver and Consent Form

Authorization and Acknowledgment: By signing this waiver and consent, I, the legal parent/guardian grant permission for my child to participate in any and all activities during the April Youth Innovation Program at Lasell University unless otherwise specified on the Medical Form.

I acknowledge that the possession or use of alcoholic beverages and illegal drugs are strictly forbidden. I understand the possession of any weapon (firearm, knife, explosives, etc.) is strictly forbidden on university property.

I agree to release and hold harmless Lasell University and its senior leadership, trustees, directors, officers, employees, agents, affiliates, volunteers and medical staff ("Staff") from any and all injury claims of any other nature which may result from my/my children's participation at and travel to or from the university. I agree to indemnify and hold Lasell University, its Staff and other students at the university harmless from any and all liability caused by myself/my children, whether or not intentional.

Medical Consent: The university will make every effort to contact me in the case of an emergency. I give my permission for Lasell University to arrange for any necessary medical treatment to my child while at the University, including transportation to the closest offsite emergency care. I accept responsibility for the costs of all such medical treatment.

_____ I accept **OR>** _____ I decline medical care for my child and/or family.

Photography Release: In consideration of my/my children's participation at Lasell University, and without any further consideration from the University, I hereby grant permission to utilize my child's appearance, performance or voice in any and all manner and media throughout the world for the purpose of promotion, reporting or publication. The Center may use my/my children's name, likeness, voice and biographical material in connection with publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

I accept **OR>** I decline photography release for my child and/or family.

I have read this form carefully and have had all questions answered before signing this legal document and giving the consents and waivers contained in it. I acknowledge that this is a legal document and I will be bound by my agreement to its terms. I represent to Lasell University that all information provided on this form and the Medical Form is accurate and complete and that I have the legal authority to provide consent on behalf of my child.

Child's Name (print): _____

Parent/Guardian must sign. Signature represents legal authority for child listed above.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ **Date:** _____