



Permission to Participate in MSDWT's Summer Enrichment Program

To be completed fully by the student's parent / guardian:

Name of Student: _____ Student's Grade: _____

Home Address: _____

Mother or Guardian: _____ Work Phone: _____ Cell Phone: _____

Father or Guardian: _____ Work Phone: _____ Cell Phone: _____

Name of Enrichment Course: _____

Dates of the Course: _____

Location of the Course: _____ (school or facility where course is offered)

- As parent/guardian, I understand that this course is being offered as a supplemental class and that I am responsible for transportation to and from the course.
All payments and fees must be paid in full before the first day of class. Payment should be made out to the Club or organization listed in the Summer Enrichment Brochure.

(Parent / Guardian signature) (Date)

I, the undersigned _____, do hereby give permission for my son/daughter to participate in the Summer Enrichment course _____

I have supplied information which is correct to the best of my knowledge. In case of a medical emergency during which I cannot be reached, I agree to permit the sponsor/course instructor to act in my behalf and to assume responsibility for resulting emergency medical expenses. I understand that reasonable precautions will be taken for the care and supervision of my child, but, beyond this, will not hold the sponsor/course leader or the school district responsible. I believe my student to be qualified and in good health, and in proper physical condition to participate in the activities of this course. I acknowledge and understand there could be inherent risks associated with the activities associated with this course(s) including transportation, which may include injury or death. We will assume the risk associated therewith, whether known or unknown to me at this time and by signing this agreement we acknowledge we have been informed of and we assume such risks.

I hereby release, waive, and covenant not to sue (Name of Club or Organization sponsoring this Enrichment Course)

or the Metropolitan School District of Washington Township, and its agents, representatives and employees ,(Name of Club or Organization) _____, and its members, and any other event organizers or partners from demands, losses or damages on account of injury or death incurred as a result of participation in the activities of this course, and such release whether such injury or death arises from an accident or negligence on behalf of (Name of Sponsor of course) _____, the Metropolitan School District of Washington Township, and its agents, representatives, and employees, (Name of Club or Organization) _____, and its members, and any other course organizer or organization. I further agree that if, despite this release, I, the student or anyone on the student's behalf makes a claim, I will indemnify, save, and hold harmless (Name of school) _____, the club or organization, and any other course partners from any litigation expenses, attorney fees, loss of liability, damage or cost that many incur as the result of such claim.

Parent/Guardian Signature

Date