



DREXEL UNIVERSITY

INSPIRE A CHILD TO DREAM DAY – APRIL 23, 2009
PARENT / GUARDIAN
CONSENT, LEGAL RELEASE & EMERGENCY FORM

I am the parent or legal guardian of the individual(s) (below) participating in the **Inspire a Child to Dream Day** (“Program”) hosted by Drexel University.

Participant Names (please print legibly):

I acknowledge that my child(ren) is(are) attending this Program voluntarily with my permission and that my child(ren) and I understand that the individual(s) listed above will be accompanied by a trained University volunteer. **I also understand that parents and/or guardians are not permitted to attend the sessions or programs (except for registration and lunch period).**

I represent that my child(ren) is(are) physically able, with or without accommodation, to participate in this Program as described. I understand and I agree to assume for myself and my child(ren) all risks involved in my child(ren)’s participation in the Program.

In consideration of the University providing the opportunity for my child(ren) to attend this Program, I voluntarily release and hold harmless Drexel University, its trustees, officers, faculty, employees, students and agents from any and all claims, causes of action, injuries, damages or losses of any kind that may arise from my child’s participation in the Program or from travel to or from activities at the University.

In case of emergency, please contact me at telephone # _____. I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment.

I hereby authorize and give permission to Drexel University, and those acting under its direction, to photograph the participant(s) listed above to be used for publications of the University.

I am signing this Consent and Legal Release with an understanding of its contents and with the intention to be legally bound by it.
