
Permission Slip Form/Release and Waiver for Minors

I hereby give permission for (student's name) _____ to attend and participate in the Society for Women Engineer's (SWE) event. I hereby release SWE from responsibility and liability for any illness or injury that my child may sustain during this event. In the event of an emergency, I hereby authorize an adult leader of this event as agent for me, to consent to any X-RAY examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, dentist (as appropriate), licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

I hereby grant SWE, its licensees, affiliates, subsidiaries and affiliated companies the irrevocable worldwide right to photograph, film, videotape, record, re-record, edit, use and re-use on television and in all media, now known or hereafter developed, in any and all versions, (including, without limitation, digitized versions), my name, voice, portrayal, performance, appearance, actions, likeness and/or biographical information (collectively the "Material") and to use such Material, in whole or in part, or without restriction as to changes or alterations, in connection with SWE'S Program as well as for promotion, publicity and advertising of the program.

I hereby release SWE and its officers, agents, licensees, employees and directors, from any and all claims resulting from my participation in the promotion, including without limitation any claims for libel, invasion of privacy, or personal injury. This agreement constitutes the entire understanding of the parties.

I gave nothing of value to any SWE employee for the right to appear. I represent that I am at least eighteen years old; if I am under the age of 18, my parent/legal guardian has approved the terms of this agreement where indicated below. If I am signing this on behalf of a minor, I represent and warrant that I am legally authorized to and hereby agree to the terms of this agreement on behalf of my child or ward.

My child is in good health and is at or above the minimum age of 8. I understand that physical exertion may be required and my child has no known disabilities or health problems, which will present any risk to his/her participation in the activities.

MEDICAL INFORMATION:

Allergies (food, medication, other): _____

Medications Being Taken: _____

Medical Insurance Co.: _____

Name of Policy Holder: _____

Policy Number: _____

My child can participate with reasonable accommodations.

Yes No

Please describe: _____

During the activity, I (we) can be reached at:

Address: _____ Telephone number: _____

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name: _____

Address: _____ Telephone number: _____

Relationship to participant: _____

Additional remarks: _____

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE SWE EVENT AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

Signature of Parent/Guardian

Name (Printed)

Address (Printed)

Date

