Alfred University
PERMISSION FORM
Summer Program Participants

PARENT

• I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, ______________________, to participate in a summer program at Alfred University and to attend all functions, activities and field trips (if applicable) connected with that program.

• I understand that all fees must be paid prior to the beginning of the program and that no deduction or refunds will be made for late arrival, early departure, or expulsion.

• I understand that University policies permit a refund only if notice of cancellation has been received by the deadline indicated in the acceptance letter.

• I understand that students will be liable for damage to Alfred University property.

• I have read and understand the Rules and Regulations enclosed with this form and agree that my son/daughter will abide by these stated rules and regulations as a condition of his/her participation in the summer program.

• I understand that, if the behavior of my son/daughter interferes with the instruction sessions or any other aspect of the institute experience, the University reserves the right to remove him/her from the program and that I will be expected to come to campus to pick him/her up or arrange for other transportation. If I am unreachable, the University will contact the person listed on the health form as “emergency contact.” If, due to unacceptable behavior, he/she is sent home early, the trip will be at my expense and there will be no refund if sent home early.

• I give permission for my son/daughter to be photographed or video taped for instructional or publicity purposes.
  Please check one: □ yes  □ no  (If neither is checked we will assume permission is granted)

• I give Alfred University permission to use the information in the Hometown Media Release section (on the reverse side of this form) in news and feature story releases that may be sent to print & broadcast media.
  Please check one: □ yes  □ no  (If neither is checked we will assume permission is granted)

• I hereby release Alfred University and its officers, trustees, employees, agents, and volunteers from all actions, claims, or demands for damages resulting from my child's participation in the activities, and from liability and damages, injuries, or losses which might be sustained by my child, except those caused by the direct and sole negligence of the aforementioned organizations.

Signature of parent or guardian ______________________________________________________ Date

STUDENT

• I have read and understand the Rules and Regulations enclosed with this form and agree that I will abide by these stated rules and regulations as a condition of my participation in the summer program.

• I understand that, if my behavior interferes with the instruction sessions or any other aspect of the institute experience, the University reserves the right to remove me from the program and that my parent/guardian will be expected to come to campus to pick me up or arrange for other transportation.

Signature of student ________________________________________________________________ Date
Hometown Media Release Information:

High School: ____________________________________________________________

Location: ______________________________________________________________

City State Zip

Year graduating: __________

List all academic honors/extra-curricular activities: ______________________________

Hometown Newspaper- Name: ____________________________ City: __________ State: ______

Second Hometown Newspaper: ____________________________ City: __________ State: ______

Hometown Radio & TV Station: _____________________________________________

County in which you live: ________________________________________________

Parents’ Names as you would wish them to appear in the newspaper (circle appropriate titles):

Mr&Mrs/Dr&Mrs/Dr&Dr. ____________________________ of ____________________________

City & state

If they live separately use the following:

Mother: Mrs./Ms./Dr. ____________________________ of ____________________________

City & state

Father: Mr./Dr./Rev. ____________________________ of ____________________________

City & state