

**PUMP Program for High School Students
INFORMED CONSENT/HOLD HARMLESS (PARENTAL)**

Students Name _____ Grade _____

I/We, _____, parent(s) or legal guardian(s) of the above-mentioned student, hereby give permission for my/our son/daughter to participate in the **"PUMP Program for High School Students"** sponsored through a grant from the National Science Foundation to be held on the campus of California State University, Northridge. I/we understand that transportation to and from the **"PUMP Program for High School Students"** will be the sole responsibility of the participants. I/we understand that the primary objectives of the program are to:

- Excite Students about math and stimulate inventiveness in students through laboratory experience.
- Increase students understanding and appreciation for math and prepare students for success in college.

The **"PUMP Program for High School Students"** will take place from 8:30 a.m. to 3:30p.m. weekdays, during June 5-23, 2006.

I/we hereby authorize all **"PUMP Program for High School Students"** program directors, staff and assistants to engage in the following:

1. To allow my/our son/daughter to attend and participate in the **"PUMP Program for High School Students"** enrichment activity sponsored by the National Science Foundation and facilitated by the Mathematics Department, California State University, Northridge.
2. To tape, film, and photograph my son/daughter, to record my son/daughter dialogue/conversation, and use my son/daughter's name, tape, film, photograph and quotes in **"PUMP Program for High School Students"** press releases and publications.

**I/we certify that I/we have read and understand the above noted provisions established for this program.
RELEASE (Read Carefully)**

In consideration of the acceptance of my/our son/daughter's voluntary participation in the above captioned **"PUMP Program for High School Students"**, I/we hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I/we may have, or which hereafter accrue to me/us, against the National Science Foundation and California State University, Northridge as a result of my/our son/daughter's participation in the above captioned **"PUMP Program for High School Students"**.

This release is intended to discharge the National Science Foundation; University Corporation, California State University, Northridge; the State of California, the Trustees of the California State University, California State University, Northridge and the officers, employees, representatives, volunteers, and agents of each of them from and against any and all liability arising out of or connected in any way with my/our son/daughter's participation in the **"PUMP Program for High School Students"**.

It is further understood that accidents and injuries can arise out of the **"PUMP Program for High School Students"**; knowing those risks exist, nevertheless, I/we hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me/us or my/our heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my/our heirs and assigns.

In addition, I/we give permission for my/our son/daughter to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such medical treatment will be my/our sole responsibility.

Parent or Legal Guardian's Signature Date

Parent or Legal Guardian's Signature Date

Parent or Legal Guardian (Please print)

Parent or Legal Guardian (Please print)

Address

City State Zip

Home Phone Number

Emergency Phone Number

Special Instructions:
