

Parental Informed Consent, Waiver & Release

Student Name _____ School _____ Grade _____

I, _____, parent or legal guardian of the above named student, hereby give permission for my son/daughter to participate in the **HS PUMP PROGRAM** sponsored through a grant awarded by the National Science Foundation in conjunction with the Department of Mathematics at California State University, Northridge.

I understand that the primary objective of the **HS PUMP** program is Mathematics Enhancement. I further understand that the faculty contracted for this program are experienced, highly qualified instructors.

I understand that the **HS PUMP PROGRAM** is a one-semester program consisting of Mathematics Enhancement. It is further understood that transportation to and from the California State University, Northridge campus will be the sole responsibility of the participant. I hereby authorize **PUMP** program directors, staff and assistants to engage in the following:

1. To allow my son/daughter to attend classes, perform and participate in the on-campus enrichment activity at California State University, Northridge.
2. To use my son/daughter's name, photograph and quotes in **PUMP** press releases and publications.

I certify that I have read and understand the above noted provisions established for this program.

In consideration of the acceptance of my son/daughter's voluntary participation in the **HS PUMP PROGRAM**, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the California State University, Northridge as a result of my son/daughter's participation in the **HS PUMP PROGRAM**.

This release is intended to discharge the State of California, the Trustees of the California State University, California State University, Northridge, The University Corporation and the officers, employees, representatives and volunteers of each of them, from and against any and all liability arising out of or connected in any way with my son/daughter's participation in the **HS PUMP PROGRAM**.

It is further understood that accidents and injuries can arise out of the **HS PUMP PROGRAM**; knowing those risks exist, nevertheless, I 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 (or my 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 heirs and assigns.

In addition, I authorize the **HS PUMP PROGRAM** program directors, staff and assistants to seek and authorize, if necessary, emergency medical services at the Student Health Center of California State University, Northridge, and consultant physicians on behalf of my/our son/daughter. Health Center hours: M-Th 7:30 a.m. – 5:30 p.m. and F 8:00 a.m. – 12:00 p.m.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Parent or Legal Guardian's Signature

Parent or Legal Guardian Name (Please print)

Date

Home Phone Number

Emergency Phone Number