

TEACHERS COLLEGE
COLUMBIA UNIVERSITY

PERMISSION FOR CHILD TO PARTICIPATE
AND
RELEASE OF LEGAL CLAIMS

Name of Activity: _____

Date(s) of Activity: _____

Description of Activity: _____

I want my child to participate in this activity at Teachers College and I give permission for him/her to do so. In exchange, I agree to grant Teachers College certain rights.

Health Conditions

My child's health allows him or her to participate in this activity. My child has health insurance coverage. I give Teachers College permission to get emergency medical treatment for my child during the activity.

What I'm Giving Up

I understand that the activity has risks. If my child or I suffer any injury or damage while participating, I release, or give up, any legal claim that I might have against the following for their negligent conduct:

- Teachers College
- Any employees, officers, agents, or volunteers of Teachers College

Photos and Videos

I give permission for Teachers College to take photographs, videos, films, or similar images of my child and of me while my child is participating in the activity. I give permission for Teachers College to use the photos, videos, films, or other images for any purpose. Teachers College may use my child's name and biography in connection with the images. Teachers College may use the images for advertising, research, or any other purpose. I understand that my child and I will not receive any payment for this.

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Creative Works

I understand that my child may create art, poetry, stories, or other creative work during this activity. I give Teachers College the right to use, reproduce, and distribute my child's creative work for any purpose. I understand that Teachers College may use my child's name and biography with the creative work. Teachers College may use the creative works for advertising, research, or any other purpose. I understand that my child and I will not receive any payment for this.

What I Agree to Pay For

If anyone at Teachers College is sued or has to pay anyone else because of my child's conduct, or my conduct, I will reimburse such individuals and Teachers College for their legal costs, fees, and payments.

My Understanding of this Release

I have read this release, I understand it, and I sign it freely.

X_____

Signature of Parent or Guardian

Print Name of Parent or Guardian

Print Name of Child

Today's Date: _____