



**GEORGETOWN UNIVERSITY**  
**MEYERS INSTITUTE FOR COLLEGE PREPARATION**  
**2009-2010 PERMISSION FORM**

**PARTICIPANT INFORMATION:**

Name of Student: \_\_\_\_\_

Birth Date:     Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**PARENTAL INFORMATION:**

Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone No. (\_\_\_\_\_) \_\_\_\_\_

Work Phone No. (\_\_\_\_\_) \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone No. (\_\_\_\_\_) \_\_\_\_\_

Work Phone No. (\_\_\_\_\_) \_\_\_\_\_

**IN CASE OF EMERGENCY**

Person to Contact \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Emergency Phone No. (\_\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION:**

Family Doctor \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ My child is covered by accident/medical insurance

Medical Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

\_\_\_\_\_ My child is not covered by accident/medical insurance

Please let us know medical conditions which your child has and which we need to be aware of.

\_\_\_\_\_

Special medication required by your child \_\_\_\_\_

\_\_\_\_\_

Please list any allergies to medication, foods, or other items that your child has.

\_\_\_\_\_

Reactions \_\_\_\_\_

**STATEMENT OF RESPONSIBILITY, ASSUMPTION OF RISK, WAIVER OF LIABILITY,  
AND MEDICAL RELEASE FORM**

**1. Agreement to Participate**

I agree to allow my child to participate in the Georgetown University Meyers Institute for College Preparation ("Meyers Institute") and affirm that my child's participation is completely voluntary. I understand that the Meyers Institute involves classroom instruction, educational activities, meals and recreational activities on the campus of Georgetown University and occasional field trips in or around the Washington DC area. I understand that there are risks inherent in the activities my child will engage in as a participant of the Meyers Institute which may cause serious injury or even death. I also understand that, despite safety precautions, the Meyers Institute cannot guarantee that my child will not be injured. My child and I are willing to assume these risks. To minimize the risk, I have instructed my child to obey all the rules, regulations and instructions of the Meyers Institute.

I also acknowledge that as part of the activities of the Meyers Institute, my son/daughter may be transported to and from the campus of Georgetown University from his or her permanent residence by Georgetown owned or rented vehicles. I also acknowledge that my child may be leaving the campus of Georgetown University to attend/participate in some activities off-campus, including local field trip to destinations in the Washington DC metropolitan area, and will be transported by either commercial transportation or the Meyers Institute Staff in Georgetown University owned or rented vehicles. I understand that travel and participation in these activities involves risks. I have investigated such matters to my satisfaction and am willing to accept these risks on my and my child's behalf. I further understand that if the Meyers Institute plans activities, field trips, or events that will transport my son or daughter outside the Washington metropolitan area, that I will be advised separately about such events.

**2. Health and Safety**

I have determined that there are no health related reasons or problems which preclude or restrict my child from participating in the Meyers Institute. Should it be necessary for my child to have medical treatment while participating in the Meyers Institute and I am unable to be contacted, I hereby give the Director or designated staff member of the Meyers Institute permission to use the judgment in obtaining medical services for my child. I also give permission to the physician selected by the Director and or designated staff member of the Meyers Institute to render medical treatment deemed necessary and appropriate by the physician.

In consideration for permitting my child to participate in the Meyers Institute, I voluntarily agree, for myself, my heirs, executors, and administrators, to the following:

- **To assume full responsibility for any risks or loss, or personal injury, including death** that may be sustained by my child, or any loss or damage to property owned by my child, as a result of training for, participating in, or traveling to or from the Meyers Institute
- **To release, waive, hold harmless, discharge and agree not to sue** the person or entity responsible for administering the Meyers Institute, Georgetown University, or its trustees, officers, employees, agents, students, and staff (hereinafter referred to as "releasees") from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me or my child, while traveling to or from, or participating in the Meyers Institute, except to the extent that such claims are caused by Georgetown's negligence or willful misconduct.

**I have read and understand the foregoing statements and I am in agreement with the terms and conditions therein. I give permission for my child to participate in any and all activities related to the Georgetown University Meyers Institute of College Preparation.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Student \_\_\_\_\_ School \_\_\_\_\_

I give the Georgetown University access to my child's academic school records for the purpose of their participation in the Meyers Institute for the period of their enrollment in the Meyers Institute. I give the administrator(s) permission to consult with my child, his/her teachers, and counselors regarding his/her academic progress.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_