

**Form #1: Summer Academic Program for Elementary School Students
Informed Consent, Waiver & Release**

Student Name _____ Grade Level in Fall _____

I, _____, parent or legal guardian of the above-mentioned student, hereby give permission for my son/daughter to participate in the "Summer Academic Program for Elementary School Students" program, sponsored by the University Corporation at California State University, Northridge in cooperation with the Department of Elementary Education. I understand that the primary objective of the program is to provide elementary students with an enrichment opportunity in academic and elective subjects. It is further understood that the faculty contracted for this program are experienced, highly qualified teachers.

I understand that the "Summer Academic Program for Elementary School Students" program will take place from June 28, 2010 through July 30, 2010 and that transportation to and from the California State University, Northridge campus will be the sole responsibility of the participant.

I hereby authorize "Summer Academic Program for Elementary School Students" program directors, staff and assistants to engage in the following:

1. To allow my son/daughter to attend classes, perform and participate in the academic and enrichment activities sponsored by the University Corporation and coordinated by the Department of Elementary Education.
2. To use my son/daughter's name, photograph and quotes in "Summer Academic Program for Elementary School Students" 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 above captioned "Summer Academic Program for Elementary School Students," 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 above captioned "Summer Academic Program for Elementary School Students."

This release is intended to discharge the University Corporation at California State University, Northridge, California State University, Northridge, State of California, the Trustees of the California State University, the University, their officers, employees, representatives and volunteers, and any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my son/daughter's participation in the "Summer Academic Program for Elementary School Students."

It is further understood that accidents and injuries can arise out of the "Summer Academic Program for Elementary School Students;" 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.

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

Student Name _____

Parent or Legal Guardian's Signature

Date

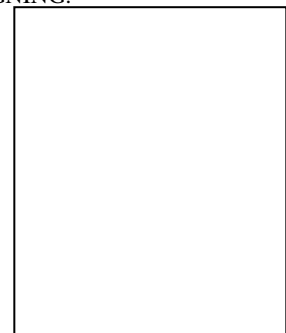
Parent or Legal Guardian (Please print)

Address City Zip

Home Phone Number

Emergency Phone Number

place child's **current** photo here



Please mail form within one (1) week of registering for classes to:

Department of Elementary Education
California State University, Northridge
18111 Nordhoff St.
Attention: SAPESS, Box 49
Northridge, CA 91330-8265
(818) 677-2621; (818) 677-5723 Fax

SAPESS office: Sierra Hall 120 (Opens June 21)
(818) 677-4886; (818) 677-4885 Fax
Email: sapess@csun.edu