



Take Our Daughters & Sons to Work Day Consent Form GEORGE MASON UNIVERSITY

I, _____ am the parent or legal guardian of the individuals(s) (below) participating in the Take Our Daughters and Sons to Work Day and will be bringing him/her/them to my place of employment at George Mason University on _____ (Date).

Participant(s) Name (please print legibly):

First and Last Name (Child #1)

First and Last Name (Child #2)

I understand that with the approval of my supervisor and department head I may bring my child(ren) to work on the date above. In addition, I understand *that I am responsible for supervising them at all times* during this visit. I also understand that Mason is neither a guarantor of my child’s safety nor an insurer against property loss and that Mason’s role is primarily to provide a venue for my child(ren) to participate in this annual program. It is understood that participation may be terminated if my behavior or the behavior of my children is deemed unsatisfactory.

I acknowledge and assume the risks involved in bringing my child to a university campus that is organized primarily for adults, not young children. There are stairs to climb, elevators to ride, construction, and pedestrians who may not be oriented to younger persons. Further, I acknowledge that I may not have my child in any potentially hazardous area at Mason as defined in [Policy 2228, Children in the Workplace](#). In the event that my child(ren) is(are) injured while participating I accept full responsibility for any medical expenses incurred while participating.

I hereby authorize and give permission to George Mason University, and those acting under its direction, to photograph the child(ren) listed above to be used for publications of Mason without compensation or other permission.

As a condition for my child(ren) to participate, I agree for myself, my heirs, and assigns, to release and hold harmless the Commonwealth of Virginia, George Mason University (Mason), their employees and agents from any personal injury or property loss caused by acts or omissions of others.

By signing this document, I certify that I have read it and voluntarily assume the risks involved and agree with the above participant conditions.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Supervisor

Signature of Supervisor

Date

Printed Name of Department Head

Signature of Department Head

Date