Take Your Kid to Mason Day Consent Form

GEORGE MASON UNIVERSITY

I, _______________________________ am the parent or legal guardian of the individuals(s) (below) participating in the Take Your Kid to Mason 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. 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

February 2016