

313 Conference Center, Knoxville, TN 37996-4137 • 865-974-0150

## Kids U Parental Consent Form

Please return this form to our office prior to the first class in order for your child to participate in the program. Thank you. Please mail or fax to 974-0154.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Entering grade \_\_\_\_ in Fall 2012 Gender:  M  F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Emergency Contact Name & Phone # \_\_\_\_\_

Emergency Contact Name & Phone # \_\_\_\_\_

Emergency Contact Name & Phone # \_\_\_\_\_

Class Title & Date \_\_\_\_\_

Class Title & Date \_\_\_\_\_

Class Title & Date \_\_\_\_\_

If your child has any special needs, allergies or conditions, which we should be aware of, please describe those below:

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## Consent

We (I), the parent(s) or guardian(s), of the individual listed, and on behalf of personal representatives and our (my) heirs, hereby voluntarily agree to release, waive, forever discharge, hold harmless, defend and indemnify the University of Tennessee and their agents, officers, boards, volunteers and employees from any and all liability and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of our (my) child's participation in activities related to Kids U.

Furthermore, we (I) are the parent(s) or legal guardian(s) of this participant and hereby grant permission for him/her to participate fully in Kids U 2012, and hereby give permission to take him/her to a doctor or hospital and authorize medical treatment including, but not limited to, emergency surgery, tests, medications or x-rays. We (I) will assume all responsibility for all medical bills, if any. I understand that if medical treatment is required, I will be contacted as soon as possible.

We (I) hereby grant permission for the University of Tennessee to publish images of activities and of this participant for the purpose of promoting Kids U and the University of Tennessee. We (I) grant this permission freely without reservation.

We (I) understand that there are outdoor recreational activities as a part of some Kids U classes. We (I), the parent(s), fully understand and acknowledge that outdoor recreational activities have inherent risks.

We (I) also authorize our (my) child to have fun and hopefully make memories that will last a lifetime.

Parent(s)/Guardian(s) Signature \_\_\_\_\_

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