

**Union College Robot Camp**  
**July 6<sup>th</sup> - July 10<sup>th</sup>, 2015**  
**Permission Slip**

Robot Camp Permission Form

I give my child, \_\_\_\_\_

permission to attend the Robot Camp at Union College on, \_\_\_\_\_  
(date)

I give my permission for my child to receive emergency medical treatment.

In case of an emergency contact: \_\_\_\_\_ (name) \_\_\_\_\_ (phone#)

**WAIVER AND RELEASE OF ALL CLAIMS:** Please read this form carefully and be aware that in signing up and participating in the Robot Camp you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

As a participant in the Robot Camp, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries including damages or loss, which I may sustain as a result of participating in the Robot Camp at Union College. I agree to waive and relinquish all claims I or my child may have as a result of participating in the Robot Camp against Union College and its officers, agents, servants, and employees. I do hereby fully release and discharge Union College and its officers, agents, servants, and employees from any and all claims from injuries, including damage or loss, which I or my child may have or may accrue to me on account of my participation in the Robot Camp. I further agree to indemnify and hold harmless and defend the Union College and its officers, agents, servants, and employees from any and all claims resulting from injuries, including damages and losses sustained by me and arising out of connect with, or in any way associated with the activities of the program. In the event of an emergency, I authorize Union College officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my or my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the program details and waiver and release all claims  
**A parental/guardian signature is required for all participants**

**PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_