



KEYs to Empowering Youth CONSENT, RELEASE, AND WAIVER FORM



_____, has my permission to attend the KEYs to Empowering Youth (KEYs) Program, sponsored by the Women in Engineering (WIE) Program at the University of Maryland, College Park on **Saturday November 4th, 2017 from 10:00 a.m. to 3:30 p.m.**

I agree that she is in good health and may participate in the KEYs program. I also agree that she will not attend this event if she should become ill or exposed to a contagious disease. I understand that the \$20 registration fee covers a pizza lunch provided by the Women in Engineering Program. If the participant has dietary restrictions and/or allergies, it is my responsibility to notify the program and/or provide her with an alternative lunch.

I understand that participants must be signed-in and signed-out by a parent/guardian, or other adult for which the parent/guardian has granted written authority. I also understand that I am invited back at 3:00pm for a brief closing ceremony. If I do not attend the closing ceremony, I understand that I, or an authorized adult, will need to sign-out my daughter in person by 3:30 pm; otherwise I will pay a child-sitting fee of \$10 per half hour.

I understand that neither KEYs nor any of its representatives can be held responsible for my child once they are under the supervision of an individual I have authorized listed below. For the safety of the participant, KEYs representatives may ask the individual listed below to verify their identity by showing an official picture ID (driver's license, ID card, current passport, etc.) prior to releasing the participant.

I consent and give permission to the University of Maryland to photograph my child in connection with KEYs activities. I understand that any such photographs, and all rights associated with them, will belong solely and exclusively to the University, which shall have the absolute right to copyright, duplicate, reproduce, alter, display, distribute, and/or publish them in any manner, for any purpose, and in any form including, but not limited to, print, electronic, video, and/or Internet.

I voluntarily waive any and all rights with respect to any such photographs, including compensation, copyright, and privacy rights and any right to inspect or approve such photographs and/or copy, print or other materials that may be used in connection with them. I hereby release and discharge, and agree to hold harmless, the University, its officers, agents and employees, and all persons acting under its permission or authority, from any claims and liability in connection with such photographs and/or their use.

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS CONSENT, WAIVER, AND RELEASE FORM AND I SIGN IT FREELY AND VOLUNTARILY. *This form has two sides. Please review and sign.*

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature

Parent/Guardian Phone # on November 4, 2017

Additional contact and phone in case of emergency

Additional adults (18 or older) that have permission to pick up my child on November 4, 2017