

PARENTAL CONSENT & MEDIA RELEASE FORM

PARENTAL ACKNOWLEDGMENT, CONSENT AND RELEASE

I, _____ the parent/guardian of

_____, give my consent of her participation in Science, Technology and Engineering in the City Program that will be held at Boston University, Harvard University, and Simmons College. I have gone over the agenda and I am aware that my daughter will be traveling by bus to the various venues and participating in hands on activities as described. I understand that the university has made no representation concerning the safety of the methods of travel to and from or the travel sites visited. I recognize that it is my responsibility to ask questions about any aspect of the program that has not been explained to my satisfaction.

In exchange for the benefits that my child will receive by participating in this program I hereby voluntarily agree, on behalf of myself and my child, to assume all of the risks in connection with my child's attendance at and participation in the Science, Technology and Engineering in the City, including travel, and I agree to release Boston University and Simmons College from any and all liabilities and claims whatsoever arising out of ordinary negligence in connection with my child's attendance and participation in the aforementioned program.

The term Boston University shall include the corporation named Trustees of Boston University and its successors, trustees, officers, agents, representatives, contractors and all persons for whose conduct the University is, or could be legally responsible.

The term Simmons College shall include the corporation named Trustees of Simmons College and its successors, trustees, officers, agents, representatives, contractors and all persons for whose conduct the College is, or could be legally responsible.

I agree that the laws of the Commonwealth of Massachusetts shall govern this Acknowledgment, Consent and Release. I affirm that I have read and understood this document.

Date

Signature of Parent or Guardian

MEDIA RELEASE

I hereby give my permission to Boston University Harvard University, Wentworth Institute of Technology, Simmons College, and the Museum of Science to photograph, film, videotape and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements for educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs, news stories or publications that the aforementioned institutions consider appropriate for release to magazines, newspapers, the World Wide Web sites of these institutions, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of these institutions and that neither my child nor I am entitled to any compensation for or rights in these materials.

I release these institutions from all liability with respect to the matters covered by this release.

Date

Signature of Parent or Guardian