LEHIGH UNIVERSITY WAIVER FOR MINORS
(to be completed/signed by parent/guardian of minor participant)

Name of Minor Child (under age 18)

(Print Name of Minor Child)

Charting Horizons and Opportunities In Careers in Engineering and Science
Name of Activity

Date(s) of Activity

July 15 -19 2019

In consideration of the use of premises or facilities owned or operated by Lehigh University and/or in consideration of permitting my minor child to participate in the activity listed above, on behalf of my minor child, myself, my heirs, executors, administrators, successors, or assigns, I hereby release and forever discharge Lehigh University, its agents, servants, and employees of and from any and all manner of actions, causes of action, suites, damages, claims, and demands, on account of personal injury, including death, or any other cause whatsoever, which I may have against them by reason of or arising out of my minor child's participation in the above-listed activity.

I understand and accept the risks involved in this activity. I certify that my minor child is physically fit to participate in this event.

______________________________    ________________
Signature of Parent/Guardian           Date

Parent/Guardian Telephone No. (_____)

Email address __________________________

PLEASE PRINT CLEARLY

{Please make certain that you have adequate health and accident insurance, since Lehigh will not be responsible for injuries resulting from your minor child's participation in physical activities.}

Note: Sponsoring department retains this signed form for 2 years.

Office of Risk Management
(waiver.9/rev.11/95)
FORM 3

PARENT / GUARDIAN AUTHORIZATION

I hereby grant permission to Lehigh University (the “University”) to videotape, photograph, and/or audiotape my minor child for educational, promotional, or any other purposes in furtherance of the non-profit missions of the University. I voluntarily consent to and authorize the use, publication, public display, editing and reproduction by the University, or anyone authorized by the University, of any and all videotapes, multimedia materials, photographs and/or audiotapes of my minor child for any of the foregoing purposes of the University.

I hereby release the University from any and all claims and demands arising out of or in connection with such videotapes, multimedia materials, photographs and/or audiotapes and I understand that such materials shall constitute the sole property of the University.

I have read and I fully understand this Authorization.

CHILD’S NAME: ____________________________________________
Please print (Name of minor child – under age 18)

CHILD’S SCHOOL: ____________________________________________

PARENT / GUARDIAN SIGNATURE: _________________________________

PARENT / GUARDIAN: ____________________________________________
Please print (Name of parent / guardian signing above)

DATE: ____________________________________________
REQUESTED ACCOMMODATION FORM

If you are in need of any assistance or accommodations due to a disability or other related health concerns, please fill out the following information:

Name: ______________________________________________________

Please print (Name of minor child – under age 18)

School: ______________________________________________________

Nature of disability or health related concern:

Requested accommodation or assistance:

Special Dietary request:

Date __________________________ Signature __________________________

Date __________________________ Signature of Parent/Guardian
(Under 18 years, Guardian/Parent signs here)

PLEASE DATE AND SIGN BELOW IF YOUR CHILD DOES NOT NEED SPECIAL ASSISTANCE

I hereby confirm that I do not need any special assistance or accommodation due to a disability or related health concerns.

Date __________________________ Signature __________________________

Date __________________________ Signature of Parent/Guardian
(Under 18 years, Guardian/Parent signs here)