I/we, being the custodial parent(s) and/or guardian(s) of ______________________ (the “Participant”), consent to the Participant’s participation in Syracuse University SummerStart program from Sunday, July 5, 2015 through Saturday, August 15, 2015 (the “Program”).

In giving this consent, I/we understand and acknowledge the following:

1. My child is expected to participate in the program in a manner that will enhance the learning experience for all participants in the program.
2. I have reviewed the Syracuse University SummerStart program, its environment, the facilities in which the program will be conducted, the general curriculum and activities, and the rules, regulations, and restrictions of the program.
3. My child is expected to follow the rules established for all participants, to follow the instructions of the faculty and other staff, and to abide by all reasonable restrictions imposed on all of the students in the program.
4. The University does not maintain liability, accident, or casualty insurance for any injuries my child may suffer or for injuries or property damage my child may cause to others, where the University or its staff is not at fault.
5. I must advise the University on the Health Form of what medical insurance coverage is available for my child and other pertinent information that will enable and authorize the University to contact me and to secure emergency medical treatment for my child, should the need arise.

Release

I/we recognize that Participation in the Program involves a risk of bodily injury, including death, and/or damage to property, and that participation is entirely optional, voluntary, and at the risk of participants and their parents/guardians. These risks can come from causes which are many and varied, may not be presently foreseeable, and may include negligent or intentional acts or omissions of others. As an inducement to Syracuse University to permit the conduct of the Program on its premises and in consideration of permitting the Participant to participate in the Program, I/we agree (on behalf of myself/ourselves and the Participant) to the following:

1. Except as set forth below, I/we acknowledge, accept and assume, and waive all claims and liability for, all risk of bodily injury, including death, and damage to property which may arise out of the Participant’s participation in the Program. I/we further release and agree not to sue Syracuse University and their respective trustees, officers, employees, students, agents, contractors and representatives (the “Released Parties”) for any bodily injury, including death, and/or damage to property which I/we or the Participant may suffer as a result of the Participant’s participation in the Program. This waiver and release shall not apply to the extent that such injury or damage is caused by the gross negligence or intentional misconduct of the Released Parties.
2. In signing this document, I/we understand that I am/we are releasing the Released Parties from any and all liability arising out of the Participant’s participation in the Program, other than liability caused by the gross negligence or intentional misconduct of the Released Parties.
3. I/we have read, understand, and agree to abide by the terms of this Agreement. I/we understand and agree that this Agreement is to be as broad and inclusive as is permitted by the laws of the State of New York, and that if any portion of this Agreement is held invalid, the remaining terms shall continue in full force and effect.

The Participant’s custodial parent or parents, and/or his/her legal guardian or guardians, should each sign below.

_________________________  _________________________  ____________________
Parent/Guardian Name (print)  Parent/Guardian Signature  Date

_________________________  _________________________  ____________________
Parent/Guardian Name (print)  Parent/Guardian Signature  Date

Please print this page, sign, and return to: SummerStart, 700 University Ave., Syracuse, NY  13244

OR

Fax to 315-443-4410 / Scan and email to sustart@syr.edu