

# COLLEGE OF EDUCATION

## WILLIAM PATERSON UNIVERSITY

1600 VALLEY ROAD • WAYNE, NEW JERSEY 07470

### **GENERAL RELEASE FORM:**

As the parent/guardian of the child, \_\_\_\_\_, I do irrevocably assign and grant onto the College of Education (William Paterson University), the immutable and unconditional right and permission to use my child's first name, likeness, voice and/or image for the purpose of producing audio/video/photograph/film and/or printed material including the right and permission to copyright, use, produce, and/or publish said audio/video/photograph/film and/or printed material at the sole discretion of the College of Education (William Paterson University). I further waive any and all rights to inspect and/or approve any audio / video / photograph / film and / or printed material that may be published/distributed and/or otherwise utilized as deemed appropriate by the College of Education (William Paterson University).

#### **PLEASE CHECK ONE:**

\_\_\_\_ Yes, I do irrevocably give my full consent and authorization as stated above on behalf of said minor.

\_\_\_\_ No, I do not give my consent on behalf of said minor.

I hereby give consent for my child to participate in the College of Education (William Paterson University) Summer Camp/Workshop Program/Transitional Program. I assume all risk in regard to participation in this and any other College of Education (William Paterson University) Summer Camp/Workshop Program/Transitional Program in which my child may participate. I release, indemnify and agree to hold harmless the College of Education (William Paterson University), its directors, officers, coaches, and volunteers from any liability that may result from participation in the College of Education (William Paterson University) Summer Camp/Workshop Program/Transitional Program activities.

I give permission for my child \_\_\_\_\_ to be transported by the College of Education (William Paterson University) staff or by the Transportation Company hired by the College of Education (William Paterson University) to and/or from the College of Education (William Paterson University) and other program destinations.

By my signature, I attest to the following:

- That the above information is correct.
- That in the event of a medical emergency, I authorize the College of Education (William Paterson University) to seek emergency medical care for my child as deemed necessary by the program nurse.
- I have received a copy of the Rules and Regulations document.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)