



Empowering Students Through Technology

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STUDENT PERMISSION SLIP & MEDICAL FORM

[This form has legal consequences. Read it carefully before signing. If you do not understand any of its provision, ask for an explanation. Please print legibly or type.]

Event: Black Engineer of the Year Awards Conference Event Date: Saturday, February 20, 2010

Event Location: Baltimore Convention Center, Baltimore, MD Event Time: 8:30am-4:30pm

Conference Fee: \$25/members - \$35/non-members (registration, transportation, lunch, t-shirt)

Student First Name: _____ Student Last Name: _____

This is to certify that my child/ward, _____ has my permission to participate in the above described event at the above stated location on the date(s) of: _____, or any alternate or "rain date".

Student is not allowed to participate in any activity until all information below is completed. If you wish any further information or wish to supply further details of your child/ward's needs, please due the reverse side of this form.

Parent/Guardian Information

Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Emergency Number/Contact: _____

_____ the parent or legal guardian of _____ understands that on this trip the Patriots will not be responsible or be able to provide any medical care for my child/ward. I further understand that Patriots will try to aid my child/ward in getting any medical attention needed in case of emergency, and the Chaperone will take responsibilities for any emergency decision making that is necessary. I understand that I will be immediately contacted in the case of such emergency, however my child will be treated as best as possible until I or any of the other authorized emergency contacts have been contacted.

I am the parent, one of the parents or guardian with whom the above child/ward resides and have legal custody. I assume all risks associated with participation in this event. I, or myself and anyone entitled to act on my behalf, waive and release the Patriots, their agents, employees, chaperones, representative and successors from all claims or liabilities of any kind arising out of or of my child/ward participation in this event.

In addition, I grant permission to all of the foregoing to use my child/ward or my photographs, motion pictures, recording, or any other record of this event for any related purpose.

Signature of Parent/Guardian

Date