



Please return form prior to first day of camp via:  
Fax 717.901.3187/email to Admission@HarrisburgU.Edu  
Or mail c/o:  
Admissions  
Harrisburg University  
326 Market Street  
Harrisburg, PA 17101

## **Harrisburg University Summer Camps Parent Consent Form**

*The following Agreement should be signed by a parent/guardian of the high school student (under age 18) participating in the Summer Camps Program. This Agreement will be in affect for the scheduled length of summer camp, or until the student is 18 years old.*

### **1. Consent and Release Agreement**

I (the parent/guardian) am aware that (student name) \_\_\_\_\_ is participating in Harrisburg University’s Summer Camp Program and other institutional activities which will take place at Harrisburg University of Science and Technology, located at 326 Market Street, Harrisburg, PA 17101.

This Agreement covers all participants in Harrisburg University of Science and Technology programs, including but not limited to: students, faculty, staff, administration, Harrisburg University, and the agencies, companies and individuals that partner and cooperate with the University.

I understand that participation in the Harrisburg University’s coursework, field study, or any experiential learning is part of the curriculum and may involve some element of risk. I agree that in consideration of Harrisburg University sponsoring this activity and allowing student participation, I (including my parents, guardians, and legal representatives) will release, indemnify, and hold harmless Harrisburg University, its Trustees, officers, employees, faculty, agents, successors, and assigns from liability for any and all claims, demands, rights or causes of action, present or future, resulting from or arising out of any activity or travel conducted by or under the auspices of coursework, field study, internship or any experiential learning.

I understand that my child may travel to the university site by various forms of public and private transportation. I understand that there may be risk involved in my child’s departure from home or school without adult supervision, and I assume those risks on behalf of my child and myself.

I give permission for my child’s mid-term and final grades to be released to the sponsoring high school designate and failure to successfully complete the enrolled course(s) may result in academic discipline from the sponsoring high school.

### **2. Medical Release**

I hereby (*Circle One*) **GRANT / DENY** permission to the representatives of Harrisburg University of Science and Technology to contact emergency services, on my child’s behalf, during a medical emergency situation when the emergency contacts provided on the admissions application cannot be reached immediately.

### **3. Photo Release Permission**

I give permission to Harrisburg University to use my child’s image or photograph, name, high school affiliation, written and/or recorded oral statements made in or about the program solely for Harrisburg University’s non-commercial purposes, including promotion of the program and for use on www.HarrisburgU.edu, in any manner or media, now and in the future.

**I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date