

StuyPrep Program Parent/Guardian Consent

I. Participation Consent

I hereby give permission for my son/daughter to participate in the StuyPrep Program (the “Program”) sponsored by the Stuyvesant High School Alumni Association (the “SHSAA”), and operated by a group of individuals associated with, are employees of, or are volunteers of the SHSAA for purposes of the Program (collectively, the “Operator”).

Furthermore, I understand, acknowledge, and accept the following:

- 1) I understand participation and acceptance into the Program does not guarantee acceptance into Stuyvesant High School or any other specialized high school.
- 2) I understand that StuyPrep is sponsored by the SHSAA, and is not affiliated with the New York City Department of Education.
- 3) I understand that food will be provided to my child during certain parts of the Program. I understand that the Operator may not be able to provide the resources to accommodate my child's special food needs, and I will provide food for my child if allergies or other dietary restrictions are a concern.
- 4) I agree that in the event of an emergency injury or illness, the Operator may act on behalf of and at my expense in obtaining medical treatment for my child.
- 5) I understand that if I allow my child to travel to and from the Program on the bus provided by the Program, that I am responsible for travel between home and the bus. I understand that the buses provided by the Program will be staffed with adult chaperones, which will consist of employees of my child's school and/or parents of my child's peers, and that they will be responsible for the well-being of my child for the duration of the bus trip. If I am not present to pick my child up upon return from StuyPrep, I acknowledge that SHSAA will allow my child to travel home unattended.
- 6) By signing below, I agree and understand that I am responsible for the actions of my child. To the fullest extent permitted by law, I release the SHSAA, its officers, directors, employees, and agents and all the volunteers of the Operator from all claims and liabilities that may arise in connection with the Program, except if due to the negligence of the SHSAA, its officers, directors, employees, and agents.
- 7) By signing below, to the fullest extent permitted by law, I assume on behalf of my child any and all risks associated with any dietary allergy that he or she may have while at the StuyPrep program, including but not limited to injury or illness resulting from food, all such risks being understood and appreciated by me, and will not hold the SHSAA or the Operator responsible for any health issues that may arise from these allergies.

Please indicate below any permanent or temporary medical or other conditions, including dietary and medication needs, or the need for visual or auditory aids, which should be known about your child (please also note if your child has any allergy that restricts coming into contact with the things(s) to which he or she is allergic).

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Name of Child Participant: _____
Please print clearly

Name of Parent/Guardian: _____
Please print clearly

Relationship to Child: _____
Please print clearly

Signature of Parent/Guardian: _____ Date: _____

II. Photo and Biography Release

I consent to the use, by the Stuyvesant High School Alumni Association (the “SHSAA”), of my minor child’s name, biographical information, and any and all photographs or videos taken of my minor child during SHSAA’s StuyPrep program (the “Material”), for the benefit of the SHSAA. I release SHSAA from any expectation of confidentiality for my minor child and attest that I am the parent or legal guardian of the child listed below and that I have the legal authority to authorize SHSAA to use the Material. I acknowledge that since participation in SHSAA’s StuyPrep program is voluntary, there will be no payments made for the use of the Material. In consideration for the services provided to me through the StuyPrep program, I hereby release and forever discharge the SHSAA, and those acting on behalf of or at the direction of the SHSAA, from all claims, causes of action, and demands, which I, my minor child, or other persons acting on my behalf have or may have by reason of this authorization.

Name of Child Participant: _____
Please print clearly

Name of Parent/Guardian: _____
Please print clearly

Relationship to Child: _____
Please print clearly

Signature of Parent/Guardian: _____ Date: _____