



PERMISSION TO PARTICIPATE

All participants in the Educational Talent Search _____
on _____ are required to sign and return the following form.

I understand and agree that I am participating in this program voluntarily and at my own risk. I will not hold Century Educational Talent Search or its officers, directors, or employees liable for any negligence or alleged negligence or other fault (not including intentional acts) that results in personal injury, death or property damage during or in connection with the above program. The undersigned, for myself and for my heirs, executors, administrators and assigns, hereby releases and forever discharges Century Educational Talent Search and its directors, officers, and employees from all such claims. This waiver will be construed according to the law of the State of Minnesota.

I the undersigned hereby give my permission for Century Educational Talent Search to procure all necessary medical help for my child while said person is under the direct supervision of Century College Educational Talent Search and grant permission to its representatives to authorize any competent medical person to do all reasonable things necessary to take care of any injury or sickness.

In the event that there is no health insurance or medical coverage provided, the signing of this form acknowledges that the participant/parent guardian accepts responsibility for payment of any medical treatment which may be required while they are in this program.

I give permission for the use of my child's name and/or photograph for editorial, promotional, recruitment or educational purposes.

I agree to the above participant waiver and medical release and authorize _____ to participate.
(Student name)

School Attending: _____ Grade: _____

Parent/Guardian Signature _____ Date _____

Address _____ City _____ State _____ Zip _____ Phone: _____

Student Signature _____ Date _____

Health Insurance Company _____ Policy Number _____

Does the student have any special health problems or conditions which will require special attention or supervision on this field trip?

_____ Yes _____ No

If yes, what is this problem and what special consideration should be made?

Will the student need to take medications? If yes, please explain below.

EMERGENCY CONTACT: (Other than parent/guardian)

Name _____ Relationship _____ Phone _____

Educational Talent Search – (651) 779-3967
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