



Summer Academy

Name of Student: _____

I agree to release and hold harmless Messiah College, its trustees, officers, and employees from any and all losses, liabilities, claims, and expenses that may occur as a result of my child's participation in the Summer Academy.

I acknowledge and consent to the use of my child's photograph(s) taken during any of the summer activities by Messiah College in any and all publications and waive any rights to compensation in any form. Messiah College is not required to obtain my permission to reuse or republish these photograph(s) in the future.

All students must be picked up by an authorized person at the end of each class day. Any child picked up late will be brought to the _____ for pick up by the authorized adult. If the adult responsible for picking up the student is later more than one time, the student will not be allowed to continue the course, as there are no provisions for extended care during this summer program.

I hereby authorize the following person(s) to drop off and/or pick up my child. I fully understand that under no circumstances will Messiah College staff be allowed to release my child to anyone not listed. I understand that all pick up drivers will be asked daily to show driver's license before a child is released into their custody.'

Pick-Up Driver Name _____ Date: _____

Pick-Up Driver Name _____ Date: _____

In the event of a medical emergency, I authorize Messiah College to designate a physician or hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to my child, and release Messiah College from any liability for injury or harm to the child which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

Family Physicians' Name and Phone Number:

Health Insurance Company: _____ Policy Number: _____

Known Allergies, Past or Current Medical Problems, Current Medications:

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____