

Summer Youth and Precollege Programs in the Arts

Student Name: Program(s):	
The parent/guardian warrants there is and will be adequate healt attendance. The parent/guardian further verifies that the health ins may result from participation in summer Youth and Precollege Programmer Youth Action Precollege Precollege Precollege Programmer Youth Action Precollege Precol	urance covers any and all accidents, injuries, or illnesses that
I agree to all of the above terms and conditions of the Liab	ility Release: (initials of parent/guardian)
PHOTO, MEDIA, AND COPYRIGHT RELEASE. As parent/guardian of the student named below I grant permission for my student during activities at Purchase College. These photograph and may be used in advertising or marketing campaigns on the promotional and informational material including, but not limite newspaper articles, TV or cable interviews/promotions. I underst my express permission. I hereby waive and release any rights to compare the comparent of the promotion of the promotio	ns/videos/audios will remain the property of Purchase College Purchase College website, social media websites, and for d to, flyers, brochures, newsletters, emails, advertisements, tand my student's last name will not be used unless I give
 I have read and agree to the terms and conditions of this parent/guardian) 	s Photo, Media and Copyright Release: (initials of
PICK-UP PROCEDURES My student can be released to the following individual(s) at the end	of each program day:
Parent/Guardian 1: Name (please print)	
Parent/Guardian 2: Name (please print)	
Other: Name (please print)	
Relationship	
My student can sign themselves out (ONLY if 14 years old or older)	Yes No
I agree to all of the above terms and conditions of the pick-up proceed	dures: (initials of parent/guardian)
Signature of Parent/Guardian: _	Date:

Important: Return the completed form no later than six weeks prior to the start of the program.

Email: youth.pre.college@purchase.edu Fax: 914-251-6515