

ENGINEERING
SUMMER ACADEMY at PENN

PARENT PERMISSION FORM

My son/daughter, _____, is a participant in the Engineering Summer Academy at Penn (ESAP).

I have carefully read, understand and have signed the Summer Program Participant Agreement. I also have carefully read and understand the terms of this permission form and have had the opportunity to ask any questions I may have.

I hereby give my permission for my son/daughter to participate in the program, and any and all of its activities, and agree to release, indemnify, and hold harmless the University of Pennsylvania from and against any claim which I or my son/daughter or any other person may have for any losses, damages or injuries arising out of or in connection with my child's participation in the summer program. It is agreed that my child's participation is adequate consideration.

I further grant the University of Pennsylvania the right to take, copyright and use, re-use, exhibit, distribute, publish and republish (both in printed form and electronically) any and all images, video and audio recordings of my son/daughter participating in ESAP 2017. I understand that participants will not be identified by name in such photographs without further explicit permission in writing.

Participant Name

Parent/Guardian Name

Participant Signature

Parent/Guardian Signature

Date Signed

Date Signed