

Summer Residential Governor's School

PARENTAL AUTHORIZATION

Student's Name (please print clearly): _____

I hereby give permission for my daughter/son (named above) to participate in all activities that are a part of the organized programs and services of the 2011 Summer Residential Governor's School for Mathematics, Science, and Technology at Lynchburg College.

I hereby release, indemnify and hold harmless the Commonwealth of Virginia, the Virginia Department of Education, Lynchburg College and their respective personnel from liability in the event of accident, harm, or injury to the student named above while he or she is using equipment, or when he or she is in or about the buildings and grounds of the host site and on field trips during the 2011 Summer Residential Governor's School for Mathematics, Science, and Technology.

I also hereby verify that the medical information on file with the 2011 Summer Residential Governor's School for Mathematics, Science, and Technology about the above named student is current and accurate as of July 3, 2011.

Signature of Student

Date

Signature of Parent or Guardian

Date