

SCULLY LEARNING CENTER FOUNDATION CONSENT FORM

Participant Name: _____

RELEASE TO BE COMPLETED BY PARENT/GUARDIAN OR ADULT PARTICIPANT WHO IS THEIR OWN LEGAL GUARDIAN

I, the Parent/Guardian or Adult Participant, submit this Consent Form for participation in Scully Learning Center Foundation experiences and related activities.

Section 1

I represent and warrant that, to the best of my knowledge and belief, the participant is physically and mentally able to participate in Scully Learning Center Foundation activities. I also represent that I have reviewed all other submitted information and believe that it is accurate.

Section 2

If during the participant's participation in Scully Learning Center Foundation experiences or activities the participant should need emergency medical treatment, and I (the Parent/Guardian or Adult Participant) am not able to give consent or make arrangements for that treatment, I authorize Scully Learning Center Foundation to take whatever measures necessary to protect the participants health and well-being including, if necessary, hospitalization.

To be completed by Parent/Guardian:

I, the Parent/Guardian of this participant, hereby give my permission for this participant to participate in Scully Learning Center Foundation experiences and related activities. By signing, I am saying that I agree to the provisions of this release.

Signature: _____

Print Name: _____

Date: _____

OR

To be completed by Adult Participant (Own Guardian):

I, the Adult Participant, have read this form and fully understand the provisions of the release that I am signing. I understand that by signing this form, I am saying that I agree to the provisions of this release.

Signature: _____

Print Name: _____

Date: _____