

Cornell University
Parental Permission for Minors
Spring Field Ornithology
March 23 through May 15, 2011

I hereby give permission for my child, _____ (*name*), to participate in the Spring Field Ornithology course and field trips (“course”) and do hereby, on behalf of myself and my child, my assigns, executors and heirs, agree to release, indemnify, and hold harmless Cornell University and its trustees, officers, advisors, agents and employees from any and all liabilities, personal injuries, property damages, claims, costs or expenses of any nature whatsoever (including reasonable attorney’s fees) arising out of, or in any way related to, my child’s participation in the course and field trips, including without limitation any act or omission of any third party (rescue squad, hospital, tour operator, etc.) but excepting those things which are due to the sole, active, direct, and gross negligence of Cornell University.

I further state that I am cognizant of all inherent dangers of participation and the risks involved (including death) in the course and field trips, and that travel to field trip locations involves potential risk including but not limited to injury in remote areas and automobile accidents. I understand that the field trips may involve the use of personal autos, and that supervision and oversight by Cornell University will be limited. On behalf of my child, I voluntarily assume all risks associated with my child’s participation in the field trips.

I understand that Cornell University does not provide any accident or medical insurance and that I am required to provide my own accident and medical insurance for my child. I hereby agree that I am financially responsible for all such expenses whatsoever.

Medical Authorization: I give permission for my child, _____ (*name*), to be treated by the staff at any hospital emergency room for medical illness and injuries, and give permission to Cornell University to take such emergency measures as it deems appropriate in the event that I or my designated emergency contact person cannot be notified.

I understand that any first aid provided to my child during the course and field trips will be provided by non-medical persons, and I agree that neither Cornell University, nor any first-aid providers shall be held responsible for providing any such first aid treatment or service.

I understand that my child will be subject to all applicable Cornell University policies, regulations and guidelines and all applicable local, state, and federal laws, and that if my child violates any of these, or engages in behavior which Cornell University considers in its sole discretion to be detrimental to my child or to other participants, the University shall have the right to dismiss the my child from the field trip while retaining all payments.

I agree that Cornell University may use my child’s name (first name only) and image from photographs taken during his or her participation in the Spring Field Ornithology Program for research and educational purposes via print, web, broadcast or other media, in perpetuity and that all images will remain the property of Cornell University. I further understand that neither my child nor I are being compensated in any way for the use of my child’s name or image and we do not have approval over the final product in which it appears. I hereby release Cornell University and all persons acting under its permission or authority from any and all claims or

liability arising out of use of my child's name and image. This release shall bind my heirs, guardians, assigns, and legal representatives.

I agree that this agreement is intended to be as broad and inclusive as permitted by the laws of the state of New York and that if any portion of the agreement is held invalid by a court of competent jurisdiction, the balance shall notwithstanding continue in full force and effect.

By my signature I acknowledge that I have carefully read and understand this agreement, that I sign this as a free act, that I acknowledge this is the entire agreement between us and that the terms of this agreement are contractual and not merely recital.

Participant Name (print) _____

Parent or Guardian Name (print) _____

Address _____

Telephone _____ Email _____

Emergency Contact _____

Emergency Contact Telephone _____

Parent or Guardian Signature _____