

The University of Scranton Peace Makers Program

Child/Student's Name: _____

Date of birth: _____ Grade _____ Language spoken at home _____

Address of residence: _____
Street City State Zip

Parent/Guardians' names: _____

Parent(s) Phone Numbers: (Home) _____ (Work) _____

Emergency Contact _____
Name Phone

Food allergies, if any _____

I understand and give permission for the following:

1. **Peace Makers program:** My child or children will participate in the Peace Makers program which will take place from 3:30 to 5 pm on the following six Fridays in 2007: Mar. 23; Mar. 30; Apr.13; Apr. 20; Apr. 27; May 4 in Leahy Family Center at University of Scranton. I will provide transportation and will drop off and pick up the children at the Kressler Ct. entrance in the rear of McGurrin Hall.
2. **Photographs:** My child's photograph with or without his/her name may be used in films, videos, media releases, written information or brochures produced to promote the Peace Makers program.

In case of emergency: I authorize University employees and student volunteers to obtain all necessary emergency care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment to my child. I will pay or provide coverage for such emergency care.

Waiver of liability: I understand and agree that the University of Scranton is not responsible for damage or personal injury as students are attending the Peace Makers Program located at the University. I hereby hold harmless and waive all claims and liability against the University of Scranton, their trustees, directors, officers, agents, employees, and volunteers for injury, accident, or death occurring during or by reason of this Peace Makers Program. I have read, understand, and agree to all the provisions stated above.

I HAVE READ AND UNDERSTAND THIS FORM IN ITS ENTIRETY and I give my permission for my child to participate in the Peace makers Program.

Parent or Guardian Signature

Date

Parent or Guardian Name - printed