

MOLLOY UNIVERSITY

Teen Leadership Program

Authorization to Participate in Molloy University's Teen Leadership Program

I hereby consent for my son/daughter to participate in Molloy University's Teen Leadership Program, a community service-learning program.

I authorize Molloy University to arrange medical services at my expense, if necessary, in the case of an emergency. I will not hold Molloy University responsible for any bodily injury sustained by my child while engaged in Teen Leadership Program activities. I also state that my child has no medical or physical conditions that might be aggravated or cause her/him potential harm by her/his participation and that she/he is medically and physically capable of participating in this activity.

I understand that this authorization can be revoked only by notifying Molloy University in writing.

Child's Name _____

Address _____

City/State/Zip _____

Parent or Guardian Phone Number:

Home _____ Cell _____

Parent or Guardian (sign) _____

Parent or Guardian (print) _____

Relationship _____ Date _____

My child has the following health condition _____ and is on

_____ (medication).

Emergency Contact Name (Please print): _____

Emergency Contact Phone Number: _____

Today's Date _____

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Molloy University's Teen Leadership Program Photo Permission Slip

I do hereby give permission for my child's image to be used for recruitment and information purposes by Molloy University's Teen Leadership Program. I understand that his/her likeness may be reproduced in either photograph or on video (in print and/or online). I hereby waive any rights to compensation of any kind by reason of the program's use of photographs, videos, or recordings.

Parent or Guardian (sign)_____

Parent or Guardian (print) _____

Home Phone _____ Cell Phone _____

Today's Date_____