



PARENT PERMISSION FORM

Supported through a Community-Wide Collaboration Hosted at St. Cloud
Technical & Community College

October 28, 2022

EPIC is an event designed for high school students to learn about careers. Students will be able to see demonstrations and have hands-on experiences facilitated by women and men who work in a variety of career fields.

Attendance at EPIC is by **sign up only**. If your student does not wish to attend, they will be expected to attend their regularly scheduled class times. Students will meet at _____ . They will be dismissed for departure to St. Cloud Technical & Community College by bus. Students will then return to the high school for their _____ hour classes. No transportation to St. Cloud Technical & Community College or back to the high school by student, parent, or guardian will be allowed.

Students who wish to attend must **return this form** no later than _____. We need to plan for transportation, therefore release forms will not be accepted after this date. A parent or guardian must sign the back of this form giving students permission to ride the bus, participate in the event for media release.



Yes! I give my son/daughter permission to attend EPIC at St. Cloud Technical & Community College February 28, 2020. I understand that bus transportation will be provided for my student. The entire event is free.

WAIVER OF LIABILITY

I have granted permission for my son or daughter to participate in EPIC. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the College and the Minnesota State Colleges and Universities, and its employees, agents, officers, trustees and representatives (in their official and individual capacities) (“Releasees”) from any and all liability whatsoever for any and all damages, losses or injuries (including death) my child or ward sustains to their person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during, or are connected in any manner with my participation in EPIC.

I hereby consent to my child or ward receiving medical treatment that may be deemed advisable in the event of injury, accident or illness during this activity or event.

I agree that this waiver of liability is to be construed under the laws of the State of Minnesota, U.S.A.

MEDIA RELEASE

I agree to allow my child’s photograph, video tape or motion picture image that includes his/her name or likeness or any recording that includes his/her voice to be used in marketing materials to promote EPIC and I understand that my child’s photo/image will only be used in a positive manner in publications, print advertising, promotional materials or any other medium to inform others about career exploration activities coordinated by EPIC for K-12 students.

Student Name _____

I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Waiver of Liability and Media Release.

Signature of Parent or Legal Guardian _____

Parent Name Printed Here

Daytime phone

Cell phone

Parent Signature (required)

Date