

**NEW JERSEY INSTITUTE OF TECHNOLOGY (NJIT)**  
**Albert Dorman Honors College**  
**PERMISSION SLIP FOR ATTENDING NJIT SPLASH**

**This permission slip must be returned to NJIT in order for your child to participate in an Educational Program sponsored by NJIT.**

\_\_\_\_\_ (Print Student Name) has my permission to attend and participate in the following educational program at NJIT (the "program"):

**Program Name: NJIT SPLASH**

**Date(s): March 25, 2017**

**Location: New Jersey Institute of Technology  
University Heights  
Newark, New Jersey**

I understand and accept that participation in the program may expose my child to some mishaps and transportation risks. I choose to have my child participate in the program in spite of these and other unnamed risks. I agree that I am knowingly and voluntarily assuming them on his or her behalf.

I understand that NJIT expects my child to be on his or her **BEST BEHAVIOR & ACT ACCORDINGLY** and to follow the directions of the program supervisor(s) and observe all applicable rules. I understand that if my child does not comply with these directions and rules or otherwise act in a responsible manner, NJIT may remove my child from the program and he or she will be sent home at my own cost.

I agree that NJIT may use any photographs, videotapes or other recordings taken of my child during the program along with my child's name, without compensation, in any promotional materials and publications related to the educational activities of NJIT or any third party program sponsor(s) or affiliates.

I represent to NJIT that there are no health related reasons or other problems of which I am aware that preclude or restrict my child from participating in the program and I hereby authorize NJIT to secure necessary emergency medical treatment in the event of injury or illness while he or she is participating in the program at my own cost. I represent that my child will have health insurance coverage while participating in the program. I understand that NJIT will provide no health or accident insurance to my child covering any injury or illness that he or she may suffer while participating in the program.

In consideration of NJIT allowing my child to participate in the program, for myself, my heirs, assigns and next of kin, I agree to waive, release and indemnify NJIT, its officers, employees and agents, from and against any blame and liability for any injury, death, loss to person or property, or any other damage of any kind, which may result from or be connected in any way to my child's participation in the program or in transit to or from the program location.

This permission slip shall be governed by the laws of New Jersey, without regard to its choice of law principals. I agree not to commence any action in connection with this permission slip other than in the courts of New Jersey, Essex County.

**IN CASE OF AN EMERGENCY**

<b>Cell:</b>	<b>Work:</b>	<b>Home:</b>
<b>Address:</b>		
<b>Alternate Contact Name:</b>	<b>Alternate Contact Phone:</b>	<b>Family Physician Name/Phone:</b>

I have read and understood all the provisions in this permission slip and I agree to be bound by all terms herein, as indicated by my signature below.

\_\_\_\_\_  
Parent/Guardian's Name Print

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Return completed form to: New Jersey Institute of Technology  
Albert Dorman Honors College  
156-182 Warren Street, Room 204  
University Heights  
Newark, NJ 07102-1982  
Fax: 973-642-4452