

Permission Slip & Emergency Contact Form

(for attendees under age 18-please bring to event)

“Yearbook Jumpstart” yearbook workshop, Sept. 25, 2024
at Southern Connecticut State University, Adanti Student Center
501 Crescent Street New Haven, CT

I _____ give permission for
Parent or Guardian Name
_____ to attend the Yearbook Jumpstart workshop
Student Name
at Southern Connecticut State University on September 25, 2024.

In the event of an emergency, please contact:

Name: _____

Phone: _____

I certify that I am the parent or guardian of the student named above. I agree to his/her participation in the Yearbook Jumpstart workshop event, believing that every precaution will be taken to ensure the safety of my son/daughter during this event.

As parent and/or legal guardian, I remain legally responsible for any actions taken by the above named student/child. I agree on behalf of myself, my child/student named herein, or our heirs, successors and assigns, to hold harmless the officers or other representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and consequences arising from or in connection with my child/student attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the organizer or event representatives associated with the event for reasonable fees and expenses arising therewith.

Parent/Guardian signature _____

Date: _____

PLEASE HAVE STUDENTS UNDER 18 BRING THIS FORM TO THE WORKSHOP.