



Division of Workforce Development & Continuing Education

**Release of Liability**

I hereby give my permission for my child(ren), to participate in the College for Kids program at Kingsborough Community College ("CFK"). Participation in any program which involves physical activity exposes the student to certain risks and dangers. Accidents and injuries are always a possibility, and it is impossible to foresee and protect the student from all conceivable dangers.

- I hereby affirm that my child(ren) has/have no conditions that would make it unsafe for him/her/them to participate in the CFK program(s) selected. I agree, for myself and my child(ren), not to make any type of legal or equitable claim on CFK, or any of its trustees, officers, employees, agents, insurers or contractors with respect to any injury I or my child(ren) may suffer, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with CFK, including other students.

**Emergency Medical Authorization:**

- As parent/guardian of the above named child/children, I give my permission for my child/children to receive whatever emergency medical care that may be deemed needed by CFK personnel for the treatment of any injury that may be incurred while on the premises. I understand CFK will attempt to contact the listed guardians and if unreachable an emergency contact before or immediately after such emergency treatment is rendered. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. It is also understood that this agreement may only cover those situations which are true emergencies and only when he/she cannot be reached. I further agree that if any such claim is made, I will indemnify and defend CFK with respect to any such claim, injury or damage.

**Photo Consent:**

- I hereby consent to the taking of photographs, movies or videotapes of my child by the Board of Education of the City of New York and Kingsborough Community College of the City University of New York, or its designated representatives, in connection with the making of an educational public service or not-for-profit purposes selected by the Board of Education of the City of New York or Kingsborough Community College (CUNY ), and release any and all rights, title and interest we or the Child may have in said photographs, movies or video-tapes, finished picture, reproductions, copies or negatives of the same - in connection with such uses. Photocopies and facsimiles of this Release and Consent shall have the same legal effect as the original.

**CFK Student(s) Name(s)** \_\_\_\_\_

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Print Parent/Legal Guardian Full Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_