



### Parental Consent Form

I give permission for my child, \_\_\_\_\_, to participate in the \_\_\_\_\_ that is offered at Mayland Community College.

I understand that it is my responsibility to drop them off at the class location at the appointed time and to pick them up promptly at the end of the class. I understand that if my child misbehaves, I will be called and I will pick my child up promptly from the class. I understand that my child will be participating in physical, classroom, and science related activities, and I hereby release and indemnify Mayland Community College, its officers, directors, agents, and employees from any and all liability for personal injury and property damage arising out of my child's participation in the camp. I understand that in case of an emergency that requires immediate medical attention, the camp will not only contact a parent/guardian but also contact the local authorities through 911 and allow the local authorities to do whatever is necessary to help my child. I accept responsibility for charges not covered through insurance.

After reading and understanding this Consent Form and accurately filling out the Health Information Form, I declare that I am the legal parent or guardian of \_\_\_\_\_. I also agree that my child has permission to participate in the \_\_\_\_\_ Camp.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date