

PARENT/GUARDIAN CONSENT AND LIABILITY RELEASE FORM

By signing this form, you give consent for SWAG To College to match your child with a college mentor. You give consent for SWAG To College to provide your child's contact information to the college mentor. You give consent for the college mentor to contact your child once a week and provide him/her reminders about the college process. You also give consent for your child to participate in all SWAG To College activities; including all organized activities and transportation. By signing this form, you agree to unconditionally release and hold harmless all SWAG To College Senior Staff, Mentors, and assistants including all of the groups, organizations, or businesses by whom they are employed, for any damage or injuries, physical or mental, which your child might incur as a result of their voluntary participation in SWAG To College and the associated activities. You assume full responsibility and voluntarily agree to release the below-named parties to participate and release SWAG To College from any liability thereof. This release is binding on your heirs, personal representatives, and assigns. You give permission to agents of the SWAG To College Program to transport your child to and from activities. You also give permission for your child to text message, call, email, and communicate on social network with their mentor. By signing this waiver, you give permission for SWAG To College to use photographs taken of your child/children as they participate with others in SWAG To College activities and meetings with their mentor.

You acknowledge that you have been given full information regarding SWAG To College and its activities and have been given the opportunity to ask any questions you may have regarding any aspects of this Release of Liability form. By signing in the space provided you acknowledge that you have read completely and fully understand all aspects of this release form and agree to its terms in its entirety.

Would you like to receive text message updates your child's academic performance? Please circle one.

A. YES

B. No

Child Name Print

Parent Name Print

Relationship to Child

Parent Signature

Date

Address

City

Zip

Parent Phone Number

Email