



Cornell University

Parental/Guardian Permission and Release Agreement

I, the undersigned, parent or guardian of _____, a minor, expressly accept and agree to the following terms and conditions (hereinafter, collectively, the "Release Agreement") in consideration for my child's participation in the learning engagement with the Cornell University Department of Mathematics program.

Consent to Participate. I consent to my child participating in learning engagement sessions via web-conference, other online platform and/or in person at Cornell University campus (hereinafter, the "Program") from 3/26/22 to 4/2/22.

Monitoring and Supervision of Minor. I promise to provide a suitable non-public place, like my home, for my child to participate in the online platform learning engagement sessions and understand that Cornell University encourages parents to have someone over eighteen (18) years of age present or nearby my child during all other online platform learning engagement sessions and for the entirety of each session. I further understand and acknowledge that, based on the fact that the learning engagement sessions are occurring via web-conference or other online platform, that Cornell University are not responsible for monitoring or supervising my child during the online platform learning engagement sessions, unless the child is present on Cornell University property.

Communications with Minor Should Only Take Place During Sessions or Through Parents: I understand that the Cornell University Department of Mathematics Program faculty, staff, and student have been instructed not to communicate with my child outside the learning sessions without a parent, legal guardian, or other authorized adult. If I become aware of any such unauthorized communications, I will contact Eleanor Willard.

Consent to Cornell University Recording of Learning Engagement Sessions: I consent to Cornell University recording each and every learning engagement session, and I further consent to Cornell University preserving these recordings until four years after my child turns eighteen (18) years of age. I understand that Cornell University is recording these sessions as a precautionary measure and as a further protection for the faculty, staff, and students, and my child. I give my consent with the understanding that 1) Cornell University will not use or distribute any picture, audio, or video portion of the recordings for educational or promotional purposes without my additional consent, and 2) will store such records on a secure database that is not accessible to the general public.

Cornell University Does Not Provide Insurance and Parents Are to Inform Cornell University of Any Special Needs: I understand that Cornell University does not provide any Accident or Medical Insurance with respect to this Program. I understand that I am responsible for providing any Accident or Medical Insurance, and that it will be my responsibility to pay for emergency room care, doctors' services, hospitalization, and any other related costs, medical or non-medical. I further acknowledge that I will take all precautions that I deem necessary for my child's personal safety and well-being, including, but not limited to, medical precautions as needed prior to the start of this Program. Finally, I promise to inform Cornell University about any special needs my child may have or any precautions the faculty, staff, and students must take prior to the start of the first learning engagement session.

Release of Liability for Cornell University: I hereby for myself and on behalf of my heirs, family members, executors, administrators, assigns, personal representative and next of kin, agree to HOLD HARMLESS, Cornell University, their respective trustees, officers, agents, volunteers, and employees (collectively, "Released Parties") from any liabilities, damages, expenses, causes of action, claims, or demands of any nature whatsoever, including any claims of negligence, on account of accident, personal injury, property damage or even death, however caused within the scope of this Program.

COVID-19 Assumption of Risk, Waiver, and Release of Liability: I understand and acknowledge that COVID-19 is a global pandemic and a public health risk. I understand that the risk of becoming exposed to or infected by COVID-19 at Cornell University may arise from the actions, omissions, or negligence of myself, my child and/or others. I recognize that the University cannot limit all potential sources of COVID-19 infection. I knowingly and voluntarily assume all risks, including but not limited to, the risk of illness, death, bodily injury, disability, or exposure or infection with COVID-19, for myself, my child, and my family. I fully understand the risks, I knowingly and voluntarily waive and release Cornell University trustees, officers, agents, volunteers, employees, and students (the "Released Parties") from all present and future claims of any type, including negligence, for any harm or loss, including but not limited to, economic loss, personal injury, disease, death or property damage suffered by me, my child, or my family, as a result of my child's participation in a Cornell University program, camp, or activity or as a result of my child's presence or my presence on Cornell University's campus (the "Activities"). I agree to indemnify, hold harmless, and covenant not to sue the Released Parties for any personal injury, death, medical expenses, disability, loss of capacity, property damage, court costs, attorney's fees, or other loss arising out of the Activities.

Potential Disputes Resolved in Tompkins County: I agree that this Release Agreement shall be governed by the laws of the State of New York, without regard to conflicts of laws principles, and further agree that any dispute about the terms of this Release Agreement shall be presented to a court of competent jurisdiction in the State of New York with venue in Tompkins County.

Parental Certification: I certify that I have read (or had someone read to me) and understand this entire Release Agreement, and understand the dangers involved in participating in this Program. I am fully aware of the legal consequences of this Release Agreement, and I agree to its terms. I represent and warrant that I am eighteen (18) years of age or older and have legal authority to execute this Release Agreement on behalf of the listed child.

SIGNATURE: _____

PRINT NAME AND DATE: _____