

Wayne State University AP Day Permission Slip
April 21, 2020

Important: This form must be completed by the AP Day participant's parent(s) or legal guardian(s) and must be returned to the Wayne State University in order for your daughter, son, or ward to participate in the program. Permission slips should be returned to your teacher organizing your field trip. Thank you.

Participant First Name: _____ Participant Last Name: _____

Participant Home Address: _____
(street)

(city) (state) (zip)

Participant Phone #: (____) _____ Date of Birth: _____ Preferred Gender: _____

Current High School: _____

High School Graduation Year: _____ Cumulative GPA: _____ SAT SCORE: _____ ACT SCORE: _____

What are your educational plans after high school?

- Trade School
- Community College
- 4-year University/College
- Unsure

What community college or 4-year institution are you hoping to attend?

Would you like WSU to send you additional information on college preparation, related events and the admissions process? YES NO

Participant Email Address: _____

Parent Email Address: _____

VERY IMPORTANT: Telephone number where a parent/guardian can be reached during AP Day:
(____) _____

DISCLAIMER OF LIABILITY

Wayne State University and its staff do not assume liability for any injuries sustained by the participant in connection with his/her participation in AP Day, including injuries that occur during transportation to and from or while present at the AP Day site(s).

In consideration of my child being permitted to participate in AP Day and in full recognition and appreciation of the potential dangers and hazards inherent in conducting possible laboratory research and experiments to which my child may be exposed, I release and hold harmless Wayne State University and its Board of Governors, employees, agents, and representatives from any liability, claims, losses and damages directly or indirectly arising from the participant's participation in AP Day. I acknowledge that I have reviewed information concerning the nature and activities involved in the program (available online at <http://wayne.edu/apday>).

MEDIA RELEASE

I give Wayne State University permission to use my name, likeness, image, voice, and/or appearance as such may be embedded in photographs, videotapes, web pages, or any other medium with respect to my participation in AP Day. Wayne State University shall have complete ownership of my image, likeness, and voice, including copyright interests.

MEDICAL AUTHORIZATION

I certify that I am the parent or legal guardian of the child. I also certify that the child is in good health and has no physical limitations that would preclude my child's safe participation in AP Day. In the event of an emergency, I hereby give permission to Wayne State University to secure proper treatment for my child. *Children's Hospital of Michigan is available to provide hospital services in the event of injury to a participant.*

***SIGNATURE OF PARENT OR GUARDIAN:** _____ **DATE** _____

***SIGNATURE OF PARTICIPANT:** _____ **DATE** _____