

c/o Harvard University Student Organization Center at Hilles 59 Shepard Street, Box 1 Cambridge, MA 02138

## PARENT/GUARDIAN PERMISSION FOR PARTICIPATION IN CITYSTEP

I, give permission for my son/daughter/ward,, [Print child's name] to participate in the <b>CityStep</b> program during the <b>2014-2015</b> school year. I understand that my child will be working with Harvard College undergraduates learning about dance, building confidence, and developing life skills after school twice a week.	
I give permission for photographs or videos of my child as well as their used in <b>CityStep or Harvard University</b> program materials, including and promotional materials, printed or electronic media releases, the web	but not limited to: printed or electronic informational
I also grant permission for my son/daughter/ward to be included in the video recordings, audio recordings, reproductions of academic work, activities. I am aware that this documentation material may be edite material may be exhibited before the community, school, fundraisers, cother media formats [Initial]	, and written quotations or descriptions of academic ed as necessary. I also understand that the resulting
I, as the legal guardian, release, hold harmless and agree to indemnify the associated with City Step, from and against any present or future claim, related to my child's participation in this program (including periods of	loss or liability for injury to person or property,
In case of medical emergency, I give permission for the CityStep volunt named child may require [Initial]	teers to seek any medical assistance that the above
Please indicate any medical conditions and allergies:	
Child's Name	
Parent/Guardian Name (Please print):	
Parent/Guardian Signature:	
Please provide any <b>emergency contact information</b> , in the event we are	
Name: Ph	none number
Relationship to child:	

Please contact Emelie Coleman or Jeremy Venook with any questions. Emelie Coleman Co-Executive Director ecoleman01@college.harvard.edu 770 022 0200

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