



**PARENT/GUARDIAN CONSENT FOR MINOR'S PARTICIPATION  
IN A PROGRAM OR ACTIVITY ON THE UNTHSC CAMPUS**

*\*\*This document must be completed, signed and returned to the Event Organizer two weeks prior to arrival on campus\*\**

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program Name: \_\_\_\_\_ Program Dates: \_\_\_\_\_

Program Description: \_\_\_\_\_

I hereby certify and agree that \_\_\_\_\_  
(Please print: First, Middle, Last Name of Child)

has my approval to participate in \_\_\_\_\_ (Program) to be held on  
the following dates \_\_\_\_\_, on the UNTHSC's campus.

I, the undersigned, certify that I am the parent or legal guardian of the child (named above) and that I have the right to make decisions for my child that effect his/her wellbeing. I recognize and acknowledge that physical injury, accident, illness, death, loss of personal property, or other contingencies may befall my child as a participant in the UNTHSC program and related activities. I understand that my child may view actual human remains during the program and related activities. I understand that my child is not in any way required to participate in the program and related activities, and despite these risks, I want him/her to participate in the preceding. In light of the preceding and with sufficient knowledge of my child's physical and other conditions and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with his/her participation in the program and related activities. In consideration of my child's participation in the program and related activities, I agree to release, indemnify and hold harmless the University of North Texas Health Science Center and its trustees, officers, employees, agents and volunteers from any and all liabilities, damages, losses and/or causes of action (collectively, "Claims") that I or my child may suffer or have, including without limitation, to our persons or property or both, which arise out of, are related to or in connection with, or occur during, my child's participation in or attendance at the Program and related activities, including all Claims that are caused by my or my child's negligent or intentional acts and/or omissions, except to the extent any such Claims are caused by the negligence or willful misconduct of the employees of the University of North Texas Health Science Center.

**I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

\_\_\_\_\_  
Please Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Daytime Phone (Parent/Guardian)

\_\_\_\_\_  
Date

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_