



OFFICE OF INSTITUTIONAL INTEGRITY AND AWARENESS

PARENTAL CONSENT & RELEASE FORM

Minor's Full Name: _____

Activity/Event: _____

Date of Activity/Event: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Parental Consent and Release Statement:

I certify that I am the parent or legal guardian of the child named above and that I have the right to make decisions affecting his/her wellbeing. I recognize that physical injury, accident, illness, death, loss of personal property, or other contingencies may befall my child as a participant in the UNT Health program and related activities. I understand that my child may view actual human remains and that participation is voluntary. I voluntarily assume all responsibility for any loss, damage, illness, and/or injury my child may sustain in connection with participation. In consideration of participation, I release, indemnify, and hold harmless the University of North Texas Health Science Center at Fort Worth and its trustees, officers, employees, agents, and volunteers from any and all liabilities, damages, losses, and/or causes of action ("Claims") arising out of or related to participation, except for Claims caused by the institution's negligence or willful misconduct.

Do you acknowledge and agree to the statement above?

☐ Yes, I acknowledge and agree.

☐ No, I do not agree.

Parent/Guardian Signature (type full name): _____

Date of Signature: _____