

Authorization/Medical Release Form

I _____, am the parent or legal guardian of (Student Name) _____, a minor. I give my permission for my child to participate in the California Institute of Technology's (Caltech) Prefrosh Weekend to be held at Caltech from **April 3, 2008 to April 6, 2008**.

The activities of the Caltech Prefrosh Weekend will involve attending classes, visits with professors and graduate students at Caltech who are engaged in work in fields such as chemistry, computer science, engineering, biotechnology, and physics including visits to laboratories, and participating in other campus activities. I understand that my child will live in one of Caltech's student dormitories for the duration of the Prefrosh Weekend.

I am willing to affirm that I have certain personal responsibilities and release Caltech from liability, by assuming all risks in connection with the Prefrosh Weekend, and holding Caltech harmless for any harm, injury or damage which may befall my child in any manner connected with this event, except where such harm, injury or damage results from the willful misconduct of Caltech employees or agents engaged in this event. I understand that the terms of this RELEASE are a contractual obligation, and not a mere recital.

In case of an emergency and if I cannot be reached, I the undersigned parent or guardian of the above named child, do hereby consent to any x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon. This authorization is given in advance of any required care to empower a representative or other official of Caltech to give consent for such treatment as the physician may deem advisable. This authorization is effective unless revoked in writing. I accept full responsibility for any medical expenses incurred as a result of these actions. I understand that Caltech does not provide any accident medical insurance for my child.

You may release my child to the following person if you are unable to contact me:

(Name) (Daytime Phone) (Evening Phone)

(Address)

In the event of a disaster, if a parent/guardian or the above persons are not available, my child may be released to an adult familiar to him or her. Yes No

During the Caltech Prefrosh Weekend, photographs and videos of the participants may be taken. I hereby grant to Caltech the right, without fee, to make and use photos and/or video tape recordings of my child in connection the Caltech Prefrosh Weekend in any manner or form and for any lawful purpose at any time.

I have read this Authorization and Release before signing below and warrant that I fully understand its contents. I understand that the terms herein are contractual and not mere recital, and that I have signed this document freely and voluntarily.

(Parent/Guardian Name) (Parent/Guardian Signature) (Date)