

Parent Consent for Extracurricular Educational Activities and Medical Authorization

Your child is invited to participate in our extracurricular activity program consisting of a molecular biology laboratory program and/or a pre-medical surgery program. The programs include a mandatory Laboratory Safety Course. It is understood that “extracurricular” refers to those activities taking place before or after school. These programs may include but are not limited to the classes set forth above. Participation in these activities is voluntary, but you must give permission before your child can participate. Information about the programs and pictures taken in the premises might be used on social media from time to time (students will not be identified by name without permission). Your signature below grants your permission and indicates your consent to the same.

Your child will be supervised by teachers and the premises will be closely monitored with cameras. Every program has certain unavoidable risks attached to it. We cannot enumerate every risk, but we believe that you are generally familiar with these activities and your child; therefore, you are in the best position to decide whether your child should participate.

By signing this form, you agree that your child may participate in these educational activities. By signing this form, you acknowledge that you have read and understand this document and also agree to release the YARD Sciences, LLC, a New Jersey limited liability company and its employees, and teachers and supervisors from any and all damages, as the result of death and/or injuries of any kind you and your child might suffer as a result of participating in any of these activities, except for those that result from gross negligence or wanton and willful misconduct of YARD Sciences, LLC and its employees and teachers. This agreement to release does not apply to any independent contractor.

Should it be necessary for your child to have medical treatment while participating in an activity and a parent cannot be reached, your signature gives YARD Sciences, LLC personnel permission to use their judgment in obtaining medical service for the child and gives permission to the physician/hospital to render medical treatment deemed necessary and appropriate. You should understand that although YARD Sciences, LLC carries general liability insurance, it has no insurance covering such medical or hospital costs incurred for your child; therefore, any cost incurred for such treatment shall be your sole responsibility.

This is a legal document, and you are free to obtain a lawyer’s advice at your own expense before signing it. You may not, however, change the language of this form, and any additions or deletions you make to this permission and release are void.

Student’s Name: _____

Parent/Guardian Signature*: _____ Date: _____

Address: _____

Telephone #'s: Home _____ Cell _____ Work _____

Medical Insurance Information: _____

* If the student is 18 years or older, the student should sign this form.