UNIVERSITY WISCONSIN
FOX VALLEY
A Campus of the University of Wisconsin Colleges

TRiO
EDUCATIONAL
TALENT SEARCH

Liability/Authorization Form

I give permission for my child to go on supervised field trips authorized by the UW-Fox Valley Educational Talent Search Program. Transportation may be provided by bus or by private car.

I hereby accept and assume all risks and responsibilities surrounding my child's participation in the UW-Fox Valley Educational Talent Search Program. I agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin Colleges, their officers, agents, and employees from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out my participation in the activity.

I authorize the sponsors of this activity to seek medical assistance on my behalf if needed, and have noted below any special conditions. This authorizes University personnel to obtain treatment from any reasonably accessible health care institution should the need arise. I understand that I am responsible for the costs of all medical services and medications.

I grant permission for the UW-Fox Valley Educational Talent Search Program to obtain a copy of any middle, high school, and/or college status, grade reports, transcripts and test scores concerning academic progress. I understand that this information will be used solely by the Educational Talent Search Program and the contents will be kept in the strictest confidence.

I grant permission for use of my child's picture to be used in Educational Talent Search publications, which may include the website, brochures, reports, and marketing materials.

o *Check here if you DO NOT want your child's picture to be used in Educational Talent Search publications.*

I understand that by signing this document, I am authorizing my child to participate in the UW-Fox Valley Educational Talent Search Program and release the University from responsibilty for any harm incurred by the student.

Print Parent/Guardian Name(s) Signature of Parent/Guardian Date

Student Name (print): Social Security Number:

Emergency Contact Name: Phone Number:

Medical Insurance Carrier: Member Number:

Special Medical Conditions:

***PLEASE RETURN TO YOUR ETS COORDINATOR AT SCHOOL