



INFORMED CONSENT

The minor, _____, will be participating in the Bring Your Child to Work Day, on April 25, 2024, organized by Rutgers, The State University of New Jersey. Furthermore, I recognize and acknowledge the following:

- That participation is voluntary, and it is at our own risk;
• That participant is physically able to participate in the activities and I know of no disability that would prevent said participation;
• That while participating in physical activities, there are risks of bodily injury such as falls, sprains, strains, dislocations, concussions, fractures, lacerations, paralysis and death;
• That while participating in the program there are risks of bodily injury and/or property damage caused by or resulting from slips, trips, falls etc.;
• That lunch and snacks will be served to the participants;
• That Rutgers, the State University of New Jersey, is not responsible for any lost or stolen personal possessions;
• That in the event that a need for emergency medical services arises, I authorize and consent to such service being provided and assume the cost thereof;
• That for any activity that participant engages in which is not supervised by Rutgers' staff, I assume full responsibility for participant's engagement in the said activity;

Notwithstanding these risks, for and in consideration of the minor's participation, I, for myself and assigns do waive, release and discharge Rutgers, The State University of New Jersey, its governors, trustees, officers, employees and agents from any and all claims, demands, actions, causes of actions, costs and expenses for and by reason of any personal injury, property damage, loss and expense, which heretofore have been or hereafter may be sustained or suffered by the participant in consequence of and as a result of a certain accident, casualty or event or participants' presence or activities in connection with this activity. I also agree to indemnify and hold harmless Rutgers for injuries sustained either by the participant and/or caused by the participant to others during this activity. Furthermore, I acknowledge that the risks outlined above are not intended to be all-inclusive and voluntarily accept all risks known or unknown.

Known Food Allergies: _____

Parent/Legal Guardian Name

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Contact Phone Number

Parent/Legal Guardian Department

If Applicable:

Responsible Party Name

Responsible Party Contact Phone Number

Responsible Party Department