

MY FIRST DAY IN COLLEGE PROGRAM

Waiver of Liability Form

I/We, as parent(s) and legal guardian(s) of _____,
(print participant's name)

waive all liability of My First Day in College Program, Saint Mary's College, its staff and physicians, for any accident, injury, illness or other mishap which might befall the above named participant while traveling to or from or during her attendance at the program, which is not covered by Saint Mary's College insurance policy.

I/we grant this waiver of liability and appreciated our above named participant's acceptance into the program.

Mother's (Guardian's) Signature

Date

Father's (Guardian's) Signature

Date

PHOTO RELEASE FORM

I/We, as parent(s) and legal guardian(s) for the participant named above, do hereby consent to the use of any photographs taken of my child on the Saint Mary's College campus during My First Day in College Program for publicity and promotional purposes by the College, and hereby waive all claims for compensation for such use or for damages.

Mother's (Guardian's) Signature

Date

Father's (Guardian's) Signature

Date

Please return by *Friday, February 29, 2008*

