ITHACA COLLEGE

PARENTAL CONSENT FORM AND ASSUMPTION OF RISK

THIS IS A RELEASE OF LEGAL RIGHTS.

READ AND BE SURE YOU UNDERSTAND IT BEFORE SIGNING.

I _____ am the parent/guardian of _____ (each a minor and hereinafter collectively referred to interchangeably as "my child" or "the Participant"), who desires to participate in the following activity (hereinafter "the Program"):

Woodwind Day 2026
beginning on: October 17, 2026 at 9AM
and ending on: October 17, 2026 at 5PM

I hereby consent to my child's participation in the Program identified above and as described in materials I have received from Ithaca College. I understand that the Program will take place on the Ithaca College campus in Ithaca, New York. I further understand that, during the Program, my child may be chaperoned by Ithaca College program leaders, employees, and students, who have been authorized to work with minors in accordance with Ithaca College policies.

Emergency Notifications: Parents/Legal Guardians should review the IC Alert Page for information about emergency notifications, which includes a link to download the *SAFE IC* App to receive emergency campus notifications while their child is present on the College campus.

I further understand, acknowledge, and agree to the following:

1. **Participation.** I understand that Ithaca College does not require my child's participation in the Program for any admission-related or any other purpose and that my child's participation in the Program is totally voluntary. I affirm that I have received and reviewed the Program's description provided by Ithaca College and understand I may request additional information as needed.

2. **Adherence to Policies.** I understand that alcohol, drugs (any use of intoxicants or illegal/controlled substances) and weapons are strictly prohibited during Program and that all applicable Ithaca College policies, procedures, rules, laws, and regulations must be adhered to at all times during the Participant's participation in the Program, including any rules provided by the organizers of the Program. The Parties understand that if the Participant engages in any conduct in violation of College rules or instructions, or other excursions or activities which are not included or part of the scheduled Program, that Ithaca College is not responsible for the Participant's actions.

3. **ASSUMPTION OF RISK:** Knowing the potential dangers and risks of participating in the Program, on behalf of the myself and my child, and my child's family, heirs, and personal representatives or administrators, I hereby agree to assume all risks and responsibilities surrounding the Participant's participation in the Program and their transportation to and from the Program or portions thereof.

4. **Medical History.** I hereby affirm that the Participant has no health-related reasons or problems which prevent or restrict their participation in the Program, that the Participant is covered by adequate health insurance necessary to pay any medical costs that may arise during participation in the Program.

5. **Authorization for Medical Treatment.** I understand and hereby affirm that the College and it employees are granted permission to authorize emergency medical or dental treatment, if necessary, and that any such action by the College or its employees shall be subject to terms of this Agreement. I understand and agree that the College assumes no responsibility for injury or damage which arises out of or in connection with authorized emergency medical or dental treatment.

Signatures

In signing this Parental Consent and Assumption of Risk, I acknowledge and represent that I have read and fully understand its terms before signing and attest that I sign this document as my own free act and deed. I affirm that I execute this agreement fully intending to be bound by its terms.

_____ _____

Parent/ Legal Guardian Signature Date