

**PARENT AUTHORIZATION**  
**ACADEMIC YEAR (fill in)**  
20\_\_-\_\_

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**School**

I, \_\_\_\_\_, parent or legal guardian of the above-mentioned student, hereby give permission for my child to participate in MESA activities conducted by the University of California. I understand that the primary objective of the program is to encourage students to enroll in college preparatory courses and participate in MESA academic support services. I also understand that such activities may be available until he/she enrolls at a college or university.

I hereby authorize MESA Program directors, staff and their assistants to engage in the following:

1. To have access to, and to make and receive copies of, my child's academic school records through the completion of the 12<sup>th</sup> grade. I understand that these records will be kept in strict confidence and will be used to: a) monitor my child's academic progress; and b) determine when additional academic support services are needed.
2. To disclose information from my child's academic records to designated representatives of colleges and universities so they may determine my child's eligibility for admission at their institutions, his/her need for special services, and for general use in planning outreach and recruitment activities. These records will be maintained by the University of California consistent with the Federal Family Education Rights and Privacy Act of 1974, applicable state laws and University policies.
3. To allow my child to attend field trips and events sponsored and coordinated by the MESA Program. I understand that my child will have adult supervision while on these field trips.
4. To use my child's name, photograph, digital image, and quotes in MESA-related press releases and materials.

I certify that I have read and understand any rules and safety provisions established for this program.

In addition, I agree to assume full responsibility for any risk of injury, death, or property damage arising out of my child's participation in the program and I give permission for my child to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such medical emergency will be solely my responsibility.

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver.** In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of The Regents of the University of California, MESA Schools Program, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its directors, officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, MESA Schools Program resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date

\_\_\_\_\_  
Signature of User      Date

**Assumption of Risks:** Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The Regents of the University of California, MESA Schools Program has facilities for and provides for activities such as sporting activities, pool events, water bottle rocket launching, and others listed in the MESA Day Competition Rules.

The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains  
2) catastrophic injuries including paralysis and death.

**PARENT AUTHORIZATION  
(Continued)**

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by The Regents of the University of California, MESA Schools Program. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at All MESA Schools Program activities, events, and fieldtrips and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date      Signature of User      Date

\_\_\_\_\_  
Address      City      Zip

\_\_\_\_\_  
Home Phone Number      Emergency Phone Number

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_