UNM CURE Summer 2020 Internship Research Program for Native American High School Students

PARENTAL/GUARDIAN RELEASE & PERMISSION FORM

The parent(s)/guardian(s) of ____________________________, who attends __________________________ High School, hereby give(s) permission for the above named student to participate in the University of New Mexico Health Sciences Center, School of Medicine, Comprehensive Cancer Center’s (UNMCCC) CURE Summer Internship Research Program for Native American High School Students (hereinafter referred to as the “program”).

As a condition of the student’s participation in the program, the undersigned parent(s)/guardian(s) hereby releases all members of the program including the UNMCCC, its employees and agents, Albuquerque Public Schools (“APS”), or _________________________ school district, the above named, and all their representative, officer and agents from any and all claims, demands, action, or causes of action due to an injury whatsoever of any type, from of kind arising from the student’s participations in the above described program of activities.

As a condition of the student’s participation in the program, the undersigned parent(s)/guardian(s) also hereby release the student’s designated CURE program mentor (the “mentor) and said mentor’s employer, its representative, officers and agents, from any and all claims, demands action or causes of action due to any injury whatsoever of any type form or kind arising from the student’s participation in the above described program or activities. The parent(s)/guardian(s) acknowledge that the student’s mentor may change from time to time during the course of the student’s participation in the program.

The parent(s)/guardian(s) acknowledge by signing below that he or she received information material regarding program objectives and by signing below certifies that he or she fully understands what is required of him and/or her and his and/or her child to successfully complete the program and fully understands that his or her child may be dropped from the program if the student does not comply with such requirement. The parent(s)/guardian(s) by signing below also certifies that he or she agrees to cooperate with the program, agrees to inform the school and the student’s designated program mentor of any changes in the student’s address or telephone number and to report problems of any kind which may relate to the student’s participating in the program to school personnel or to program staff person(s).

The parent(s)/guardian(s) are reminded that every reasonable precaution will be taken to provide for the safety and care of the student in the event of an accident which requires emergency are, every effort will be made to notify the parent(s)/guardian(s). The parent(s)/guardian(s) herein assumes the financial responsibility for hospitalization and medical treatments provided. It is further agreed that the parent(s)/guardian(s) of the student will assume all legal responsibility for the safety and actions of the above named student while the student is traveling to and from program activities.
I understand that all rules and policies, which govern student conduct in their high school, APS, or ________________________ school district, also apply at all time when the student is involved in program activities. I have read the above and agree, as the party legally responsible for the above named student to all statements and terms.

I have read the above and agree to all statements and terms.

________________________   _________________________   ________________
Parent/Guardian Name (Print)  Parent/Guardian’s Signature  Date

**Emergency Contact Information: Please Print.**

Emergency Contact Name: _________________________ Phone Number: ______________

Alternate Phone Number: _________________________

Student Physician’s Name: _________________________ Phone Number: ______________

Name of preferred hospital:

________________________________________________________________________

Hospital Address:

________________________________________________________________________