

**Tennessee State University Campus Tour Participation Form
Medical and Liability Release**

The undersigned of
(Parent/Legal Guardian) (Address)

Parent or Guardian of , agrees that:

1. The above named student has my permission to participate in the Campus Tour.
2. I agree to release the Tennessee State University Alumni Association Atlanta Chapter and its representatives from any claim for personal injury or damages resulting from the student's participation in the Campus Tour activities.
3. I understand the activity and give my permission to my child's participation
4. I give permission for my child to travel by the means of chartered bus.
5. My child also must comply with the Tennessee State University Alumni Association Atlanta Chapter Campus tour rules and procedures.
6. In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:

A. Physical problems or limitations

B. Current Medication

C. Drugs or other allergies

D. Name and phone # physician

E. Name and phone # where I may be reached

7. The above named student is covered by medial/liability insurance

8. As the parent or legal guardian of the above named student, I am authorized to sign this permission form.

I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT THE TENNESSEE STATE UNIVERSITY ALUMNI ASSOCIATION ATLANTA CHAPTER IS RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY CHILD'S PARTICIPATION IN THE CAMPUS TOUR ACTIVITY. I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSIIION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

(Parent or Guardian Signature) (Date)