

UNIVERSITY OF OREGON
TAKE OUR CHILDREN TO WORK DAY

COMPLETE THIS FORM AND RETURN TO HR

EMAIL to hinfo@uoregon.edu or FAX to 6-2548 or CAMPUS MAIL to Human Resources / Employee Events / Campus Mail

If not submitted in advance, the form must be provided at registration on the day of the event.

Parent Permission and Liability Release

I give my child(ren) listed below permission to participate in the UO Take Our Children to Work program and I understand that I am responsible for supervision of my child in any and all events related to the UO Take Our Children to Work Day. This program may involve recreational programs, games, athletic events, meals, and observations of and participation in some UO work-related activities. I certify that I am aware of no undisclosed health-related reasons or problems that preclude my child's safe participation in any of these activities. I understand that I may contact Human Resources, via the contact information listed above, in advance of this event to request any disability-related accommodations or to disclose any health-related information, including allergies. I further understand that my child's participation in these activities is completely voluntary.

In consideration of my child(ren) being allowed to participate in this program and to access areas that are not normally open to the public, I agree to release the State of Oregon, the Board of Trustees of the University of Oregon, the University of Oregon and all their respective officers, employees, agents, and volunteers from any and all liability, negligence, and expense in any way resulting from, related to, or arising out of my child's participation in the Take Our Children to Work program, including but not limited to liability and expense attributable to any injury, death, property damage, lost wages, economic loss, emotional distress, psychic injury, pain, or suffering of any kind whatsoever.

I agree to hold harmless the State of Oregon, the Board of Trustees of the University of Oregon, the University of Oregon and all their respective officers, employees, agents, and volunteers from and against any and all claims, liability and expense in any way resulting from, related to, or arising out of my child's participation in any of the above-mentioned activities.

Photography and Image Release

I hereby grant the University of Oregon permission to publish, republish, adapt, exhibit, reproduce, modify, make derivative works, distribute or display the name, image or voice of myself and/or my participating child(ren) in connection with any university product or service. This permission applies to all markets and in any media or technology now known or hereafter developed. The University of Oregon may exercise any of these rights itself or through any commercial or nonprofit successors, transferees, or licensees.

This release shall be binding upon me and my below-listed child(ren), our respective heirs, and legal representatives. I have read this entire agreement and understand the above provisions and I agree to be bound by them. **I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.**

PLEASE PRINT

Child's Name:		Age:	
Child's Name;		Age:	
Parent/Guardian Name:		Date:	
Parent/Guardian Signature:	(Must be the parent/guardian of the child(ren) participating.)		
Department/Phone #:			