

Student Name: _____

I, _____, parent or legal guardian of the above-mentioned student, hereby give permission for my son/daughter to participate in the Triskeles and the Urban Assembly *Sustainable Directions Internship Program*. I understand that the primary objective of the program is to provide my child with an enrichment opportunity in both the academic and service-learning environment. I understand that *Sustainable Directions* will take place from **June 29 -August 3, 2010**. I understand that my son/daughter may be traveling unaccompanied to and from their host site via public transportation (bus and subway).

In consideration of the acceptance of my child's participation in *Sustainable Directions Internship Program*, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me against Triskeles Inc. as a result of my child's participation in the *Sustainable Directions Internship Program*. This release is intended to discharge Triskeles Inc., its officers, directors, employees, representatives and volunteers, and any all other private or public agencies involved in *Sustainable Directions* from and against any and all liability arising out of or connected in any way with my child's participation in *Sustainable Directions*.

It is further understood that accidents and injuries can arise out of participation in the *Sustainable Directions Internship Program*. Knowing those risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to my son/daughter (or his/her parents, guardians or their heirs or assigns) for damages.

I further agree that any Triskeles Inc. representative is authorized to obtain and authorize emergency medical treatment for my son/daughter, up to and including emergency hospitalization and surgery. In the event of an emergency, I hereby authorize Triskeles Inc., the mentor or the mentoring organization at which my son/daughter is placed, as an agent for me to consent to x-ray examinations, medical, dental, or surgical diagnosis and treatment advised and supervised by a physician, surgeon or dentist licensed to practice in the applicable jurisdiction, either in the doctor's office or hospital. I expect to be contacted as soon as possible. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself, I further release Triskeles Inc., any other involved private or public agencies and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

Medical insurance is the responsibility of the parents/guardians. Triskeles Inc. is an independent organization that is not affiliated with your child's school. School insurance does not cover your child during the summer and there is **NO** Triskeles Inc. policy to cover your son/daughter with any insurance coverage while they are participating in their internship experience. Your signature on this form signifies that you understand these terms and accept all medical responsibility for your son/daughter.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY **BEFORE SIGNING.**

Parent's/Guardian's Name (Printed)

Emergency Phone Number

Parent's/Guardian's Signature

Date

Address, City, State and Zip

Triskeles Inc.'s Sustainable Directions Internship Program respects individuals' right to privacy and uses this information only for our program purposes.

TRISKELES INC.

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