



**Parent/Guardian Consent and Waiver**  
**Health Insurance Information**

**To be completed by the program coordinator:**

Name of program, dates, description of the Activity to take place on the Vassar College campus:

Vassar Debate Team

11/3/2018-11/4/2018

Third Annual Vassar Invitational (High School Debate Tournament)

**To be completed by the parent:**

I understand that the program activity described below is an optional and purely voluntary program being offered to my child, (print name) \_\_\_\_\_. My child is in good health and in proper physical condition to participate in the Activity. I agree to assume all risks and responsibilities associated with my child's participation in the Activity

I give permission to Vassar College to undertake any emergency/urgent treatment or medical care that may be deemed necessary for my child's health. Also, if hospitalization is deemed to be medically necessary, I give permission for my child to be hospitalized at an accredited hospital.

Please list any special instructions we may need to know about your child, including any allergies, physical limitations, i.e., asthma, visual impairment, use of prescription medication, etc.

---

---

---

**Child's Health Insurance**

Vassar requires participants to maintain personal health insurance. Please indicate private insurance coverage or Medicaid eligibility below.

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

If you do not have private insurance for your child, have you applied for Medicaid? Yes \_\_\_ No \_\_\_ (If not, please do so)

I also authorize Vassar College to use any photographs, motion pictures, recordings, images or any other record of my child's participation in the Activity for any legitimate purpose.

**Indemnification and Hold Harmless:** I agree to indemnify, defend, and hold harmless Vassar College, its trustees, agents, and employees from, and against, any and all claims on account of injury or damage to personal property that may result from my child's participation. I have read this waiver of liability and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature, for this to serve as a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Printed Name

**Parent's Emergency Contact Information**

Home Phone # ( ) \_\_\_\_\_ Contact Name \_\_\_\_\_

Work Phone # ( ) \_\_\_\_\_ Contact Name \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_ Contact Name \_\_\_\_\_