

RIORDAN PROGRAMS

Saturday Business Institute
Riordan Scholars Spirit Day

PARENTAL CONSENT AND MEDICAL AUTHORIZATION FORM

DIRECTIONS

Please have your parents fill out this form and bring the original with you to the trip on March 26, 2016.

PARENTAL CONSENT

I, the undersigned, hereby give permission for my child/ward to participate in all activities and events during the Riordan Scholars Spirit Day on March 26, 2016.

MEDICAL CONSENT

Furthermore, I do hereby authorize the staff members of the Riordan Programs at UCLA Anderson School of Management, to seek and authorize medical treatment for my son/daughter in the event of an emergency. If an emergency should arise requiring a major surgical procedure, attempts will be made to reach me and be guided by my wishes; but, if I cannot be reached, I authorize the attending physician to proceed as necessary.

EMERGENCY NOTIFICATION FOR: _____

Name of parent/legal guardian completing this form Relationship to student: _____
(parent or legal guardian only)

Day Phone: _____ Evening Phone: _____

Please provide contact information for a relative or friend who should be contacted in the event the parent/legal guardian is away or cannot be reached.

(please print) Relationship to student: _____
(parent or legal guardian only)

street address city state zip code

street address

Day Phone: _____ Evening Phone: _____

RELEASE

In consideration of my child being allowed to participate in the aforementioned field trips, I do hereby irrevocably and personally release, hold harmless and forever discharge the State of California, The Trustees of the University of California, Los Angeles, and each and every officer, agent, and employee of each of the (hereinafter collectively referred to as the "State") from all claims, causes of action, of liability of every kind which I may have in the future or that any person or property, or death, in connection with my child's participation in the above described activities.

I, as parent/guardian, have read this document requiring my Parental Consent, Medical Consent and Release, and understand the terms used in it and their legal significance. I freely and voluntarily sign this document with the understanding that rights to legal recourse against the State, The Riordan Programs, and UCLA Anderson School of Management are knowingly given up in return for allowing my child's participating in the activities described above.

Parent/Legal Guardian's Name (please print) Parent/Legal Guardian's Signature Date