



WAYNE STATE UNIVERSITY

GENERAL RELEASE FORM

Release executed by _____ parent/guardian
of student participant _____

_____ whose address is:

to Wayne State University (WSU) on behalf of its Center for Peace and Conflict Studies (CPCS). Wayne State University and CPCS, in conjunction with partners including the Michigan Coalition for Human Rights, US National Park Service, and Damon J. Keith Center for Civil Rights, are presenting a summer youth program, the MCHR Ralph Bunche Summer Institute Freedom Tour, to further participants' knowledge of and experience with conflict resolution and peace on the theme of "Reimagining Peace: Putting History to Work." My child/ward is voluntarily participating in this "Youth Program" with activities beginning July 9, 2018 and ending July 17, 2018.

I understand that my child/ward will be placed in this learning program and that my child/ward will be supervised by designated/authorized Wayne State employees and CPCS and partner institution staff. All supervising personnel will have had requisite background checks. I further understand that my child/ward may observe and/or participate in the following types of activities: service-learning at neighborhood cleanup or gardening sites; bus and walking excursions to historically important sites in and around the City of Detroit; overnight stays at the WSU campus residence halls and at a supervised National Park Service and Idlewild Tours & Services LLC with outdoor recreational games; student team research and final report presentations to a community audience. I further understand that participants will be furnished meals and snacks each day, with due care about dietary needs.

In consideration of my child/ward being permitted to participate in the program and in full recognition and appreciation of the potential dangers to which my child/ward may be exposed, including physical work and risk bearing recreation, travel to and from sites, meeting the public, and standing/sitting outdoors, I hereby release and hold harmless the Board of Governors of Wayne State University, its Center for Peace and Conflict Studies and Keith Center employees, Michigan Coalition of Human Rights and agents, partnering agency employees and agents from loss, liability or claims I may have arising out of my child's/ward's participation in the Youth Program, including personal injury, damage suffered by my child/ward or others, whether same may be caused by physical exertion or activity, food or beverage consumption, contact with the public, or using contracted, public or private transportation. To the best of my knowledge, there are no

health related reasons or problems which would preclude or restrict my child/ward from participating in the Youth Program.

Further I give permission for still photographs and video taken during the Youth Program to be used in a public exhibition, conference presentations, articles, books, documentary, or other scholarly publications. My child's/ward's name will not be used to identify his/her image without my permission, and his/her image will not be sold for profit or otherwise.

Student/Youth/Minor: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Printed Name _____

Witness _____ Signature _____ Witness Printed Name _____

EMERGENCY CONTACT INFORMATION
Name: _____
Relationship: _____
Telephone/Cell Phone: _____