



Tufts Summer Study
 Dowling Hall
 419 Boston Avenue
 Medford, MA 02155
 617-627-2000 phone
 617-627-4691 fax

Program Releases

Name of Student _____

Parent/Guardian Consent to Participate in a Tufts Summer Program & Liability Release

I, the parent or guardian of the student named above, grant permission for the student to enroll in the Tufts Summer Study program (the "Program"), and I acknowledge the restrictions for campus use outlined in the paragraphs below.

I understand that I am responsible for the activities of the student, at all times, including (but not limited to) his/her travel to and from a Tufts University campus, participation in academic and extra-curricular programs, and use of any University facility (library, computer lab, athletic facility, etc.). I acknowledge that Tufts Summer Study participants are commuter-only (non-residential) students and are invited by the University to attend classes, study, use campus facilities and participate in extra-curricular program activities, during reasonable campus hours. Tufts Summer Study students are permitted on the university campus ONLY between the hours of 7:00 a.m. and 10:00 p.m. Monday through Thursday, and Friday through Sunday, ONLY during the hours of Tisch Library operations (which can be ascertained from the library's website, <http://www.library.tufts.edu/tisch>).

During the student's participation in the Program, I hereby grant the university, its employees and agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding the protection of his or her health and safety, and I hereby release each of them from any liability, claims, demands or causes of action of any kind or nature whatsoever, arising or resulting from any such decisions, actions, or omissions.

Signature of Parent _____ Date _____

Publicity Release – Photograph, Recording, & Article Release and Consent

For and in consideration of enrollment in the Tufts Summer Study program (the "Program") by the above named student, I/we hereby give consent to Tufts University to copyright, reproduce, publish or otherwise use the name, photograph or likeness of the student and/or any other printed or recorded materials (including, but not limited to, materials recorded in any electronic format) relating to the student's participation in the Program. I/we also give the university the right to copyright, reproduce, and publish in the promotional materials, an article that contains a reference to the student, a quote by the student, and/or a summary of an interview(s) given by the student with a university representative. I/we waive any right to inspect or approve the finished photograph, likeness, or text that may be used by the university or the above described materials. I/we give this consent and waiver of my/our own free will, and without the promise of compensation or other consideration.

Signature of Student _____ Date _____

Signature of Parent _____ Date _____

TURN OVER FOR A SUPPLEMENTAL RELEASE FOR THE HEALTH SCIENCE HONORS PROGRAM

Supplemental Release – Health Science Honors Program

Please note: This portion of the form applies ONLY to students enrolled in Health Science Honors Program.

Tufts Summer Study's **Health Science Honors** program meets on Tufts University campuses located in Medford/Somerville and Boston, Massachusetts. The program will occasionally require travel to the Tufts School of Medicine and the Tufts Medical Center, located in downtown Boston. Additionally, the program may include group or individual visits to other Boston-area hospitals, clinics, labs, and healthcare facilities; depending on programming decisions of the course director and availability of the facilities during the program.

Students in Health Science Honors will participate in an experience-based, medical-related program, which involves discussions of human illness and disease, viewing graphic representations of human illness and disease, exploration of human anatomy and bodily systems, and participation in faculty supervised, voluntary, in-class physical examinations conducted by other students (including, but not limited to, cardiovascular examination with a stethoscope, examination of the eye with an ophthalmoscope, and/or examination of the ear, nose, and throat using an otoscope). Visits to Boston-area healthcare facilities may include voluntary student participation in clinical activities (for example, ultrasound examination). When possible, the course director provides Tufts Summer Study students access to the Human Anatomy Laboratory at the Tufts School of Medicine, which involves the viewing and examination of deceased humans.

I/we have weighed the dangers inherent in pre-medical study, the risks presented to my (the student's) own health and well being, and my (the student's) personal desire to further educational experiences by participating in Health Science Honors program. I/we have concluded that the risks are acceptable and are outweighed by my (the student's) desire to participate in the program.

In consideration of the University permitting the above named student to participate in the Health Science Honors program, I/we hereby waive and release any rights to file a claim, demand or cause of action of any kind or nature whatsoever against the University, its trustees, agents, employees and representatives related to or arising out of the student's participation in the program, and I/we further agree to defend, indemnify and hold harmless the University, its trustees, agents, employees and representatives, from any obligations or liabilities for which the University may become liable as the result of damage, death or injury to the person or property of others while participating in the program, except to the extent caused by the gross negligence or willful misconduct of the University.

Signature of Student _____ Date _____

Signature of Parent _____ Date _____