

PLYMOUTH *Writing* PROJECT

New Hampshire Chapter of the National Writing Project

Release of Liability Form

I understand and agree to the following:

My child, _____ is a student participating in the Plymouth Writing Project Summer Program for High School students. Activities involved in the program will include using Laconia Tech Center computer equipment and taking walking field trips to downtown Laconia. Bus transportation will be provided to the Plymouth State University campus on Tuesdays. Participation in this writing program requires that students have the ability to cooperate and collaborate with their fellow students, respect the equipment and facilities, and follow the instruction and guidance of the program directors.

I understand these responsibilities and risks and permission is granted for my child to participate. I (the parent or guardian and the participant) will not hold Plymouth State University, Laconia High School, or any individual instructor or staff person in the Plymouth Writing Project Summer Program for High School students, responsible for any risk involved in the program. I understand that I am liable for any and all claims and legal actions, whether for property damage, physical injury or otherwise arising from my child's participation in the program.

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|----------------|-----------|------|
| Parent Name(s) | Signature | Date |
|----------------|-----------|------|

Signature of Participant

Photo/Media Release

I grant Laconia High School, Plymouth State University and the Plymouth Writing Project the right to use, reproduce assign and/or distribute photographs, films, video tapes and sound recordings of my child _____ (child's name) in any materials they may create.

Signature of Parent/Guardian::

Printed Name of Parent/Guardian: _____ Date: _____