UNIVERSITY OF OREGON TAKE OUR DAUGHTERS AND SONS TO WORK ® Thursday, April 25, 2013

Parent Permission and Liability Release

I give my child(ren) listed below permission to participate in the UO Take Our Daughters and Sons to Work program and I understand that I am responsible for supervision of my child in any and all events related to the UO Take Our Daughters and Sons to Work Day. This program may involve recreational programs, games, athletic events, and observations of and participation in some UO work-related activities. I certify that there are no health-related reasons or problems that preclude or restrict my child's participation in any of these activities. I further understand that my child's participation in these activities is completely voluntary.

I release the State of Oregon, the Oregon University System, the State Board of Higher Education, the University of Oregon and all their respective officers, employees, agents, and volunteers from any and all liability and expense in any way resulting from, related to, or arising out of my child's participation in the Take Our Daughters and Sons to Work program, including but not limited to liability and expense attributable to any injury, death, property damage, lost wages, economic loss, emotional distress, psychic injury, pain, or suffering of any kind whatsoever.

I agree to hold harmless the State of Oregon, the Oregon University System, the State Board of Higher Education, the University of Oregon and all their respective officers, employees, agents, and volunteers from and against any and all claims, liability and expense in any way resulting from, related to, or arising out of my child's participation in any of the above-mentioned activities.

PLEASE PRINT

Child Name		_ Age
Child Name		_ Age
Parent/guardian name (Please print)		
Parent/guardian signature	Date	

COMPLETE THIS FORM AND RETURN BY FAX to 6-2548 or CAMPUS MAIL to: Human Resources / Work-Life Resources / Campus Mail

PLEASE RETURN BY TUESDAY, APRIL 23, 2013 ~ THANK YOU!