

# MENTORING CAYMAN

Under the Distinguished Patronage of Her Excellency, the Governor Mrs. Helen Kilpatrick, CB

## PARENT RELEASE FORM

I agree to allow my son/daughter or child \_\_\_\_\_ for whom I am the guardian of to go on and/or participate in the following activities: **OFF SITE WORKPLACE VISITS/LUNCHESES WITH HIS/HER MENTOR with THE MENTORING CAYMAN PROGRAMME** (hereafter the "Organisation"). I understand these activities may take place from the commencement of the first workplace visit through the end of the programme.

I understand that all rules of conduct and standards of behaviour, as deemed by the Organisation will apply to these activities and I have discussed these with my child. I further understand that I must assume all responsibility and liability for my child while traveling to, from, and during these activities. With this knowledge, I freely assume this responsibility and liability.

I further understand that the Organisation is not responsible for any damages or accidents that may result from my child's actions. To the greatest extent possible, I release the Organisation and all those acting on their behalf, from all liability for damages to or caused by my child as a result of this trip/activity and I agree to indemnify them for any such damages.

**I hereby give my consent for my child to receive emergency medical care during these activities.**

**I hereby also give my consent for photographs of my child to be taken and released to the media.**

Printed name of parent/Guardian: \_\_\_\_\_

Signature of parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_