Special Event/Field Trip Consent Form

Name of Student (please print)

I acknowledge that during his or her enrollment in “Barnard’s STEP Program,” the above named student will be involved in activities at both on-and off-campus locations including, but not limited to: various sports activities, trips, outdoor excursions, and outreach programs. I am aware of the risks associated with such activities and in transportation to and from these activities. In consideration of the above named student being allowed to participate in such activities, I agree to hold Barnard College harmless against any liability arising as a result of his or her participation in these activities.

If illness or injury should occur during his or her participation in this activity, I authorize medical treatment at an appropriate medical facility. I understand Barnard College will make a reasonable attempt to contact me prior to such medical treatment using the information I have provided on the Emergency Information Form.

Parent or Legal Guardian (Signature)  Date

Parent or Legal Guardian Name (please print)  Date