Permission Form

A. ASSUMPTION RISKS STATEMENT

The undersigned parent or guardian acknowledges that he/she has reviewed the childcare program and has examined the premises in which the program is being conducted. This parent/guardian also understands that the program includes occasional campus field trips and off-campus potlucks/picnics/field trips and consents to the named child(ren) participating in the program and using these facilities.

B. RELEASE OF CLAIMS STATEMENT

By enrolling the child named below, in the Associated Student’s SFSU Children’s Center, the parent or guardian agrees to indemnify the State of California, the Trustees of the California State University and Colleges, and the Associated Students of San Francisco State University, and all their officers, employees, and agents, here-in-after referred to as Indemnitee, against all claims, loss or liability whatsoever arising from the enrollment and participation of the named child(ren) in the Children’s Center program including, but not limited to, damage to or destruction of any property or injury or death to any person including such claims, losses or any liability whatsoever arising from the sole passive negligent act or the concurrent negligent act, whether passive or active Indemnitee.

C. HUMAN SUBJECTS RESEARCH AUTHORIZATION

The Associated Students SFSU Children’s Center is occasionally used by the students of SFSU for the purpose of furthering their knowledge of children and their development. All observers or interviewers must receive approval for their projects from the Director of the Children’s Center as well as from their professor. No child will be included in more than 3 interviews per semester, and group observations are limited in order that they not disrupt the child-centered atmosphere of the program. We ask your permission to allow the students to photograph or video your child for the purpose of their assignment and permit us to make available your child’s date of birth which will enable the students to complete their assignments.

D. PUBLICITY

I have no objection to my child(ren) being included in photographs, slides or videos taken at the Center which might be used for purposes of promoting or interpreting the program.

Child: __________________________

Parent/Guardian ___________________ Date ___________________

Notes: ______________________________

Revised 2007

1650 HOLLOWAY AVENUE, CCSC M-102
SAN FRANCISCO, CA 94132-1722
(415) 338-2403 FAX (415) 338-0511