

TRIO Upward Bound Project Muskegon Community College 221 S. Quarterline Road, Room 2041 Muskegon, Michigan 49442 Phone: (231) 777-0425 Fax: (231) 777-0446

## PLEASE READ BEFORE SIGNING:

I hereby give permission for my child, \_\_\_\_\_\_\_, to participate in any and all field trips with the Muskegon Community College TRIO Upward Bound Project. I give the TRIO Upward Bound Project staff permission to transport my child to the scheduled activities, understanding that only fully-licensed adults will be driving to any of the activities. With the understanding that all necessary precautions and safety measures will be taken to ensure the safe transport of the students, I release and agree to hold Upward Bound, Muskegon Community College and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization. I understand that this form will remain in effect until the student either leaves the program or graduates high school.

## PLEASE READ BEFORE SIGNING:

I am willing to make the commitment to fully participate in MCC's TRIO Upward Bound Project. I give the TRIO Upward Bound Project permission to collect information about my child's participation in the project, understanding that this information may be used to develop statistical data for reports/publications, to evaluate the project, and to assess my child's academic and career needs. To the best of my knowledge, the information on this form is true and accurate at this time.

\_\_\_\_\_ (initial) **Photo Release (optional):** I authorize the Muskegon Community College TRIO Upward Bound Project to use still photographs, videotapes, motion pictures, and/or sounded recording of my child without restriction of any sort, including class photos on the Muskegon Community College web page. I understand they may be used in promotional materials developed by Muskegon Community College.

| Date:                         |                        |       |     |
|-------------------------------|------------------------|-------|-----|
| Parent/Guardian Signature:    |                        |       |     |
| Parent/Guardian Printed Name: |                        |       |     |
| Address:                      |                        |       |     |
| Number & Street               | City                   | State | ZIP |
| Phone Number:                 | Alternate/Cell Number: |       |     |
| E-mail Address:               |                        |       |     |