

**IF STUDENT IS UNDER THE AGE OF 18, THEN THE STUDENT'S PARENT OR LEGAL
GUARDIAN MUST COMPLETE AND SIGN THE FOLLOWING:**

1. I am the parent or legal guardian of my child, _____,
2. I give my permission for my child to register for, and enroll in, intensive English classes at the ESL Academy located at (1100 Lawrence Street, Room 014, Denver, CO 80204, USA) as described in the official letter of admission, with the understanding that there are potential risks associated with this activity. These risks include, but are not limited to, lack of direct adult supervision outside of classroom hours; living and studying in a downtown urban environment; using transportation, private or public; living in housing accommodation off-campus; and living in a high-altitude environment.

The University of Colorado Denver will not act as a parent or guardian in your absence. The University of Colorado Denver will not be responsible if your child participates in activities outside of the ESL Academy that place him or her at risk.

The minor student exercises his or her own free and voluntary choice to participate in the ESL Academy, including use of facilities and equipment provided by the University of Colorado. S/he understands and assumes all associated risks of the designated activity.

As the parent/guardian, for _____, I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of participation in the ESL Academy. As parent or guardian, I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my child's activities, including use of equipment and facilities provided by the University of Colorado.

I understand that the University of Colorado does not pay for health insurance for individuals participating in activities made available or sponsored by the University of Colorado. As such, my or my child's personal health insurance will be responsible for payment of medical services and care for any injuries sustained during the designated activity.

I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the student's participation on behalf of said minor, as permitted by C.R.S. § 13-22-107.

Student Name: _____

Parent of Minor: _____

Date: _____

3. In the event of an emergency, permission is granted to the University of Colorado to authorize emergency transportation, emergency medical care and/or treatments and hospital care for the duration of my child's participation in the ESL Academy at my expense. I (We) will be notified as soon as possible after the care has been provided.

Emergency Contact Information

In case of emergency please contact parent/guardian:

Primary Contact Name	Relationship	Phone Number ¹
Secondary Contact Name	Relationship	Phone Number

¹Please include home, cellular, work phone numbers with appropriate country code

Health Insurance Information

Health Insurance Carrier. Please also provide a copy of your insurance card	Plan Number
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4. Participants in university activities are sometimes photographed and videotaped for use in University of Colorado promotional, educational and research programs. Such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees. My child has permission to sign the photo release form during orientation.
5. I understand that my child is expected to behave responsibly and to follow the University's discipline code and policies and that failure to do so may subject the student to dismissal from the ESL Academy.
6. I have read and understand this Participation Document, Waiver, and Emergency Contact Form, and I confirm that the information provided by my child is accurate and complete.
7. I am and will be legally responsible for the obligations and acts of my child as described in this form, including such parts as may subject me to personal financial responsibility.
8. I identify _____ (Enter Name of In-Country Guardian) to act as my child's guardian while he/she is taking part in the ESL Academy at the University of Colorado Denver. This person will have complete decision making control for my child while they are involved in the ESL Academy and includes the ability to include medical decision making for my child. This person, by their signature and acknowledgment below has agreed to be my child's guardian.

I agree, for myself and for my child, to be bound by its terms.

Parent's Signature	Date Signed
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I understand that I have been identified as and accept responsibility as the guardian and legal decision maker for the child identified above. I accept the role and agree with the statements above.

In-country Guardian's Signature	Date Signed
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