VASSAR

Parent/Guardian Consent and Waiver

Chicano Organizing and Research in Education (CORE) is hosting the Third Annual Immigrant Youth Empowerment Conference at Vassar College on Friday, October 23, 2026 from 9am to 2pm. This conference is intended to bring together high school students and community representatives from the local area and provide our attendees with a day full of workshops, speakers, and plenary sessions that seek to inform and empower youth about issues confronting the immigration community.

All attendees under 18 must either have this form on file or present it at the event check-in.

To be completed by the Parent/Guardian:

I understand that the Activity described above is an optional and purely voluntary program being offered to my child, _____. My child is in good health and in proper physical condition to participate in the Activity. I agree to assume all risks and responsibilities associated with my child's participation in the Activity.

I give permission to Vassar College to undertake any emergency/urgent treatment or medical care that may be deemed necessary for my child's health. Also, if hospitalization is deemed to be medically necessary, I give permission for my child to be hospitalized at an accredited hospital.

Please list any special instructions we may need to know about your child, including any allergies, physical limitations, i.e., asthma, visual impairment, use of prescription medication, etc.

_____

_____

_____

I also authorize Vassar College to use any photographs, motion pictures, recordings, images or any other record of my child's participation in the Activity for any legitimate purpose.

Health Insurance

Name of Insurance Company _____ Policy #_____ Group #_____
Name of Policy Holder _____ Relationship to Child _____

If you do not have private insurance for your child, have you applied for Medicaid? □Yes □No

Indemnification and Hold Harmless: I agree to indemnify, defend, and hold harmless Vassar College, its trustees, agents, and employees from, and against, any and all claims on account of injury or damage to personal property that may result from my child's participation. I have read this waiver of liability and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature, for this to serve as a complete and unconditional release of all liability to the greatest extent allowed by law.

_____	_____	_____
Parent/Guardian Signature	Date	Parent/Guardian Print Name

Emergency Contact Information

Home Phone _____ Contact Name _____
Cell Phone _____ Contact Name _____

Please complete and present this form during check-in at the conference.