

Hampton University
Freddie T. Davy Honors College



Summer Residential Program
June 28 – July 3, 2020

Parent Consent Form

Please read carefully, complete, and return this form.

I, _____, give my consent for _____
to participate fully in the A+ Summer Residential Program activities. My signature below confirms that I hereby agree to hold harmless, blameless and to indemnify the A+ Summer Residential Program (to include Hampton University, the Freddie T. Davy Honors College, the A+ Summer Residential Program and all of their affiliates, employees and/or representatives) from any and all liability, personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the above named child-participant while he/she is participating in the program.

In case of illness or injury, the A+ Summer Residential Program (to include Hampton University, the Freddie T. Davy Honors College, the A+ Summer Residential Program and all of their affiliates, employees and/or representatives) has my permission to procure medical treatment for the above named minor. I understand that I am responsible for any and all fees and charges arising from illness or injury that may occur to the above named child while he/she is participating in the program.

Parent/Guardian Printed Name

Signature

Date