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**PARENTAL OR GUARDIAN RELEASE FOR EMERGENCY CARE, LIABILITY  
RELEASE AND PERMISSION FOR PARTICIPATION IN THE  
JULY 4-AUGUST 28, 2011  
FIELDS-MITACS SUMMER UNDERGRADUATE RESEARCH PROGRAM  
FOR STUDENTS UNDER 19 YEARS OF AGE**

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Dear Student,

Any applicant under the age of 19 on July 4, 2011 must complete and return this form to the Fields Institute. You will not be permitted to participate in the **Fields-MITACS Summer Undergraduate Research Program** until we have this form in your file.

Student Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last (Family) First (Given) (Month/Day/Year)

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**PERMISSION TO PARTICIPATE IN PROGRAM ACTIVITIES AND EMERGENCY  
MEDICAL/DENTAL CARE AND LIABILITY RELEASE**

**Parents or guardians of students under 19 years of age MUST sign the following statement to allow possible emergency medical or dental and to release the Fields Institute from liability while the student is participating in the Fields-MITACS Summer Undergraduate Research Program being held July 4-August 27, 2011 at the Fields Institute.**

I/We hereby authorize that my child/ward may participate in activities organized by the Fields-MITACS Summer Undergraduate Research Program. I/We hereby authorize an emergency service agency and physician or dentist associated with it to administer whatever medical care in their professional opinion is necessary for any minor child/ward who is participating in the Fields-MITACS Summer Undergraduate Research Program. The Institute, hospital, and any emergency service agency and their associated physicians, surgeons, and/or dentists have the authority to consult as necessary. This authorization is valid while the student is participating in the Fields-MITACS Summer Undergraduate Research Program or until revoked by me, in writing.

I further agree to indemnify, hold harmless, release and forever discharge the Fields Institute its staff or the Program Organizers from any claims which I or any other persons acting on my behalf have or may have against the Institute by reason of any accident, illness or injury or other consequences arising or resulting directly or indirectly from the participation of the minor child named above in the Program. This authorization is good while the student is participating in the Fields-MITACS Summer Undergraduate Research Program or until revoked by me, in writing.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date (Month/Day/Year)

**PLEASE PRINT**

Name of Parent/Guardian \_\_\_\_\_

Last (Family), First (Given) \_\_\_\_\_ , \_\_\_\_\_

Name of Person to Contact Regarding Emergency Treatment \_\_\_\_\_

Emergency Phone Number, In What Country? \_\_\_\_\_

Fax No E-mail Address \_\_\_\_\_