



Release of Liability
April 4th – April 5th, 2025

PARTICIPANT: _____
Full Name (Please Print)

A minor for whom I _____ am the legal guardian has my permission to attend the **College Assistance Migrant Program’s KEYS to Success** event at **SUNY Oneonta** scheduled for **April 4th and April 5th, 2025**.

In case of emergency, SUNY Oneonta’s staff may reach me at the address _____ or by phone at _____ or other parent/guardian whose name is _____ and can be reached at this phone number _____.

If the staff cannot establish contact with me, I authorize SUNY Oneonta through its employees or agents to take my son/daughter to the nearest medical facility for purposes of receiving medical care with the understanding I will assume any, and all responsibility for payment of same. My insurance carrier is _____ and the policy number is _____. The participant has the following chronic illnesses or disorders _____. Participant will have with them all necessary medications and directives for treating this illness or disorder.

On behalf of myself and my minor son/daughter, I, _____ hereby release SUNY Oneonta and its officers, agents, employees, successors, and assigns from any and all liability arising in any way related to this event and not arising directly from negligence of SUNY College at Oneonta and/or it’s officers, agents, employees, successors and assigns.

Date

Signature