



## Image Waiver

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I hereby release the University and all other Tutorial Parties and each of their respective officers, directors and employees from any claims, damages, losses or liabilities that I have or may ever have or suffer as a result of the foregoing taking or use(s) of the Images, including for any violation of personal or proprietary right.

I agree that the provision herein shall be binding upon me as well as my collective successors, legal representatives, and assigns.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

*(Please check this box if you do not want to release Image permission)*

I **do not give** the Johns Hopkins University permission to use Images of me and/or my child in any print or electronic publication, website or social media.

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Release

I am the parent or legal guardian of the above-named child, who is under eighteen (18) years of age. In consideration of my child being permitted by The Johns Hopkins University to participate in one or more semesters of the Johns Hopkins Tutorial Project and related activities (collectively, "**Tutorial**"), I sign this Release (this "**Release**") on my child's behalf. This Release shall be valid for the duration of my child's participation in the Tutorial, whether such participation is for concurrent semesters or not.

I understand that my child's participation in any activity, including Tutorial, involves some risk, including but not limited to possible risk of illness, injury, death, and property loss or damage. Despite these risks, I want my child to participate in Tutorial and I voluntarily assume these risks. I understand that my child is in no way required by The Johns Hopkins University to participate in Tutorial.

I grant JHU permission to authorize emergency medical treatment, first aid, or transportation to a hospital (collectively "**Medical Treatment**") as a result of my child's illness or injury in connection with my child's participation in Tutorial. I understand that JHU assumes no responsibility for any Claims arising out of or in connection with Medical Treatment and will not be responsible for any associated costs.

I hereby release for myself and my heirs and assigns, and my child and my child's personal representatives, The Johns Hopkins University and its trustees, officers, employees, agents, and representatives (collectively, "**JHU**") from any and all claims, causes of actions, suits, costs, expenses, losses, liabilities, and damages, whether for personal injury, illness or death, or property loss or damage, or otherwise (collectively, "**Claims**") arising out of or in connection with my child's participation in Tutorial or Medical Treatment. I further agree to indemnify and hold harmless JHU from any third-party Claims (including reasonable attorneys' fees) caused by my child's negligence or willful misconduct.

**I HAVE CAREFULLY READ THIS RELEASE AND UNDERSTAND THAT IT MEANS I AM GIVING UP, AMONG OTHER THINGS, RIGHTS TO SUE JHU FOR INJURIES, LOSSES OR DAMAGES THAT I OR MY CHILD MAY INCUR.**

\_\_\_\_\_  
Parent/Guardian's Full Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Telephone Number(s)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## EMERGENCY PROCEDURE FORM CAR FAMILIES

Please provide the most accurate information so that we can contact you in case of an emergency. All boxes must be **completed fully**. You **MUST** list at least one emergency contact that is **NOT A PARENT/GUARDIAN**.

**INCOMPLETE FORMS WILL BE RETURNED AND WILL DELAY YOUR CHILD'S ENROLLMENT.**

### EMERGENCY NON-PARENT/NON-GUARDIAN CONTACT INFORMATION

In the event I cannot be reached, please contact the following people, who have my permission to pick up my child from the University.

\_\_\_\_\_  
Name Relationship to child Phone number Alternate phone number

\_\_\_\_\_  
Name Relationship to child Phone number Alternate phone number

\_\_\_\_\_  
Name Relationship to child Phone number Alternate phone number

The Johns Hopkins Tutorial Project has my permission to release my child to any of the above people in the event of an emergency.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

**In the event none of the above parties can be reached, your child will remain with the Tutorial Project Director on campus and must be picked up as soon as possible. If your child is not picked up after a reasonable amount of time has passed, the Tutorial Project Director will be forced to call Baltimore City Police and/or Child Protective Services.**

## **PARENT QUESTIONNAIRE**

**Please complete the following to help us provide the best experience for your child.**

Child \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

1. Does your child have any **food allergies or restrictions**?  Yes  No  
If yes, please provide further clarification \_\_\_\_\_  
\_\_\_\_\_
2. Is your child **allergic to latex gloves** like those used for food preparation or in the hospital?  
 Yes  No  
If yes, please provide further clarification \_\_\_\_\_  
\_\_\_\_\_
3. Does your child have any **medical issue** that would prevent him/her from participating in tutoring activities?  Yes  No  
If yes, please provide further clarification \_\_\_\_\_  
\_\_\_\_\_
4. What academic skills would you like the tutor to focus on this semester?
5. How would you describe your child's personality and interests?
6. Does your child wear glasses?  Yes  No  
If yes:  all the time  when reading  for distance
7. Date of most recent eye exam \_\_\_\_\_
8. Has your child had hearing problems or recurring ear infections?  Yes  No
9. Date of most recent hearing exam \_\_\_\_\_
10. Does your child have an IEP?  Yes  No  
**If yes, please provide a copy with this application.**
11. Does your child have a 504 Plan?  Yes  No  
**If yes, please provide a copy with this application.**
12. Has your child ever been held back in school?  Yes  No  
If yes, please provide grade(s) held back and reason(s) for holding child back  
\_\_\_\_\_
13. Please describe your child's current academic challenges.

## PARENT/GUARDIANS' CONTRACT CAR FAMILIES

As the parent/guardian, I acknowledge and agree to adhere to the following Johns Hopkins Tutorial Project policies:

- ☞ My child will attend every tutoring session unless s/he is sick.
- ☞ I will call the Johns Hopkins Tutorial office, **410.516.7673**, if my child will be absent **or** more than 10 minutes late for any session.
- ☞ My child will not arrive earlier than **4:15pm** and will be picked up no later than **6:15pm**. Two violations of this rule will count as an absence and may affect my child's ability to remain in the program.
- ☞ **Four absences, excused or unexcused, will result in removal from the Johns Hopkins Tutorial Project.**
- ☞ **In the event of snow, our program will follow the schedule of the Baltimore City Public Schools.** If schools are closed, or close early, there will be no tutoring that day. If schools open late in the morning, we will have tutoring as usual.
- ☞ My child will not bring any food or beverage to tutoring. I understand that if my child does bring food, it will be taken away and returned to him/her at the end of tutoring.
- ☞ I will contact my child's student director or the Tutorial office if any of my contact or emergency information changes.

I understand that failure to abide by these policies in any way will result in my child's removal from the Tutorial Project.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name (please print)

\_\_\_\_\_  
Child's Name