Dear Parent or Guardian,

Your permission is required for your student to travel to and participate with CSI Liberty Partnerships Program to________________________________________________________. Please review and initial each section of this form if you agree with its purpose and contents and then sign and date the bottom of this form. If you do not initial a section, we will understand that you have not given your consent for activities in this section and will honor your decision accordingly.

TRAVEL

Initial: ____________________________

I give my permission for my daughter/son/ward to accompany the staff of the C.S.I. Liberty Partnerships Program __________________________________________ Trip is leaving at _____ from, Staten Island, New York.

RECREATIONAL ACTIVITIES

Initial: ____________________________

I give my permission for my daughter/son/ward to participate in light recreational activities that are planned and supervised by authorized staff members, and I’m aware there is a pool at the ______________ where they will be staying.

INFORMATION

Initial: ____________________________

I give my permission to the Liberty Partnerships Program and the New York State Education Department to release information about my daughter’s/son’s/ward’s participation at this event. This may include, but is not limited to sharing information about the program participation with his/her school, scholarship donors, potential employers, potential mentors, and the press.

PHOTOGRAPHS

Initial: ____________________________

I authorize the use of photographs and images of and by my daughter/son/ward to be used for publicity, promotion and fundraising purposes.

Student Name: ____________________________ School: ____________________________

Parent/Guardian Name (Print): ____________________________

Parent/Guardian Signature: ____________________________ Date _________

Home/Mobile Number ____________________________ Email: ____________________________