



The following form must be completed and
SUBMITTED ELECTRONICALLY PRIOR TO THE EVENT DATE
to the email address girlsengineeringchange@gmail.com

Pratt School of Engineering

K-12 Programs

Legal Release

Student's Name Printed: _____

The above named student, and the parent or legal guardian of the above named student, who is under 18 years, as a visitor to the Pratt School of Engineering at Duke University, do hereby acknowledge, agree, promise and covenant with Duke University and its trustees, officers, employees, agents and all other persons or entities, and do hereby release, hold harmless and discharge Duke University and its trustees, officers, employees, agents and all others persons or entities involved with the Pratt School Visit from any and all liability for any injury, death, illness, disease and damage which my child might sustain while participating in activities sponsored by or associated with the Pratt School or Duke University. I execute this release on behalf of and with specific intent to legally bind myself, my heirs, assigned personal representatives and estate.

Students participating in the Pratt School of Engineering's Engineering World Health (EWH) Girls Engineering Change work on projects and perform hands-on experiments in teaching and research labs. Projects include assembling electro surgery unit testers and other EWH kits with EWH chapter members. This list is representative of the activities in general, but is not intended to be a complete list, as activities may change due to weather, availability, etc.

I hereby certify that my child has no medical conditions which will prevent normal participation in the Pratt School visit. I further understand and acknowledge that no medical insurance benefits will be provided by Duke University or the Pratt School for my child during this event.

I hereby certify that my child will voluntarily participate in the Pratt School of Engineering Visit and I hereby grant permission to those appropriate personnel of the Pratt School to seek medical assistance for my child should the same be required, recognizing that neither the Pratt School nor any other entity or individual involved with the Pratt School Visit assumes responsibility for, nor do they have any liability for, the medical assistance and care which may be so selected and provided.

Participant's Release and Agreement

My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.

Signature of Parent or Guardian: _____ Date: _____

Parent or Guardian Name Printed: _____