

## VSU Computing Academy Student/Parent Consent Form

### Medical Treatment Release

\_\_\_\_\_ has permission to engage in all prescribed VSU Computing Academy activities.

In the event that medical aid is required and I cannot be contacted, the instructors, using available medical advice, have my permission to take proper actions. I give permission for \_\_\_\_\_ to participate in all program activities.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Virginia State University does not provide insurance for participating students. Parents should examine their own family insurance policies for adequate coverage, particularly for accident insurance.

### Photographs and Videos of Students

Periodically, VSU uses photos and videos distributed via print publications, news release, and for informational and educational purposes. No photographs or videos are sold to any other organization or individual. We photograph and video sessions that show students actively participating in the program.

Please sign below if you are willing to allow your child to be photographed and videoed for this purpose. No student will be photographed or videoed who does not have a signed permission form on record.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_