



UNIVERSITY OF
MARY HARDIN-BAYLOR
EDUCATION FOR LIFE... EXPERIENCE OF A LIFETIME

Child's Last Name:	Child's First Name:	Child's Preferred Name:
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Special Needs Lab Participation

I, _____ (print name) give my permission for my child named above to participate in University of Mary Hardin-Baylor's Special Needs Lab (hereafter referred to as UMHB and SNL). I have read, understand and will comply with the rules and policies of the university and its SNL. I have completed the SNL Application forms truthfully to the best of my knowledge.

I understand the program cost is \$50.00 per academic year, regardless of the number of sessions my child attends. I understand that I will not receive any refund in the event my child misses a session or I discontinue my child's participation in the SNL program.

I hereby release and forever discharge UMHB, its officers, employees, students, and agents, from any and all claims, demands, causes of action, or suits arising from any injury to me or my child's person or property as a result of my child's participation in the events/activities sponsored by UMHB, including but not limited to injuries or damages arising from the use of equipment or facilities provided by UMHB. I further agree to indemnify and hold harmless UMHB, its officers, employees, students, and agents, from any cost, expense, or liability arising from a claim asserted by me or on my/my child's behalf which is released by this Agreement. This release is binding on me and upon my heirs, personal representatives, and assigns. I assume and accept any and all risks of injury or death. This release of liability includes, but is not limited to, claims based on the negligence of UMHB, its officers, employees, and agents.

CHECK ONLY ONE:

I am the child's custodial parent (if divorced, court document establishing custody must be attached)

I am the child's legal guardian (court documents establishing legal guardianship must be attached)

Parent/Guardian Printed Name			
Parent/Guardian Signature		Date	

Research and Data Collection

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give my permission for research data to be collected on my child during his/her participation in University of Mary Hardin-Baylor's Special Needs Lab.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I understand that information will be collected by university students as an educational experience and UMHB does not represent or warrant that such information will be accurate or reliable.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I understand the data collected on my child is strictly for general research purposes. The data collected and analysis derived is not intended to assist, recommend or diagnose any conditions or determine any education placement for my child. This data will NOT replace any diagnosis or decisions of a medical professional, school official or other credentialed persons.

Parent/Guardian Printed Name			
Parent/Guardian Signature		Date	

Use of Photo and Video Recordings

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give my permission for the University of Mary Hardin-Baylor to use photographs and video recordings of my child as named above during his/her participation in UMHB SNL for educational purposes in the classroom setting or at professional conferences related to the field of education, to illustrate good teaching practices and opportunities for student improvement.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give my permission to UMHB to use photographs of my child as named above to be published for the purpose of promoting the Special Needs Lab Program. This may include printed and web-based materials.

Parent/Guardian Printed Name			
Parent/Guardian Signature		Date	



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