

**American Association of Teachers of Japanese and Georgetown University
Consent and Release Agreement for Minors**

The parent or legal guardian of each minor participant who requests participation in the Japanese Language Proficiency Test administered by the American Association of Teachers of Japanese at Georgetown University must sign this agreement.

My child (full name/print) _____ has my permission to participate in the Japanese Language Proficiency Test herein after referred to as the "JLPT" at Georgetown University on December 3, 2017.

1. I affirm that my child's participation is completely voluntary.
2. I certify that my child is in good health and has no physical/mental condition that would prevent participation in this activity.
3. I agree to instruct my child to obey all rules and instructions of the staff and volunteers administering the JLPT.
4. Should my child need medical treatment while participating in the JLPT, I give Georgetown University and/or American Association of Teachers of Japanese staff and volunteers permission to use their judgment to obtain medical services, and I give permission to the medical personnel selected by the staff and/or volunteers to render medical treatment deemed necessary or appropriate.
5. I understand that neither Georgetown University nor the American Association of Teachers of Japanese has insurance to cover medical or hospital costs and, therefore, any costs incurred for such treatment shall be my responsibility.
6. I acknowledge that the American Association of Teachers of Japanese and Georgetown University can only accept responsibility for their own negligent or intentionally wrongful acts in connection with my child's participation in the JLPT.
7. I hereby freely and voluntarily release and hold harmless the American Association of Teachers of Japanese and Georgetown University, their employees, officers, administrators, agents, representatives, students, affiliates, successors and assigns from all other claims, actions, causes of action, suits, judgments and demands.
8. I acknowledge that I have read and understand this form and that the terms herein are contractual and not a mere recital.

Parent/guardian name (print): _____

Parent/guardian signature: _____ **Date:** ____/____/____

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

Emergency contact name (print)

Telephone number

Relationship to the participant

List medical/prescription information below:

