

## PARENTAL UNDERSTANDING AND RELEASE

The undersigned, on behalf of \_\_\_\_\_,  
a minor child, and his/her parent(s) understands, acknowledges and agrees:

1- That the child will be part of an educational experience to him/her and to students of Southern Utah University, and that the students and the child will be supervised by professors and faculty instructors to varying degrees.

2- That a periodic part of the child's educational experience will occur by way of field trips and excursions to various points of interest in and around Cedar City, Utah. I understand that transportation will be in private vehicles driven by faculty, volunteer parents and/or college students.

3- That any accident and liability coverage from Southern Utah University for the benefit of the child in this educational setting may be limited in scope and may operate secondarily to other insurance coverage which may be purchased or acquired by the parents (or guardian) privately.

**I HAVE BEEN ADVISED AND ENCOURAGED BY THE UNIVERSITY TO ACQUIRE  
PRIVATE ACCIDENT, INJURY, AND LIABILITY INSURANCE COVERAGE FOR THE  
CHILD.**

4- I have personally witnessed and examined the facilities, toys, and play areas available to the child, and I find them to be acceptable, safe and sound for the child's use.

5- That while the University has provided a safe and healthy environment for the child, I recognize and agree that all accidents, injuries and illnesses cannot successfully be prevented in the "school" environment or in that of "a child at play." Therefore;

**WHERE THERE IS NO GROSS NEGLIGENCE BY THE ATTENDING INSTRUCTORS OR  
UNIVERSITY STUDENTS, I AGREE TO HOLD SOUTHERN UTAH UNIVERSITY, ITS  
EMPLOYEES AND STUDENTS HARMLESS FOR ANY ACCIDENT OR INJURY OR  
RESULT THEREOF WHILE THE CHILD IS AT PRESCHOOL.**

6- That in the event of an injury or illness, the persons authorized on the enrollment form should be contacted in the order listed as soon as possible (contact with any one of these will be sufficient).

7- In the event of an injury or illness to the child, the Pre-School Faculty and/or attending University students have my permission to seek such emergency and other medical assistance as they deem appropriate, and that they may do so free of liability or legal redress. I further understand that once the attending faculty and/or students have been relieved of the emergency, that they will continue with reasonable efforts to notify those persons listed on the enrollment form.

8- I am the parent or legal guardian of the child, I am authorized to sign this document on behalf of myself, and the child's other parent or parents. I accept full legal responsibility for the understandings, acknowledgments, and releases granted above, and Southern Utah University may rely on my representations without further inquiry as to my authority.

Signature of Parent or Guardian:

Date:

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**Southern Utah University**  
**Child Development Lab Permission Form**

I hereby give permission for Southern Utah University Child Development Lab to include my child \_\_\_\_\_ in the following activities:

**INITIAL ONLY THOSE FOR WHICH YOU GIVE YOUR PERMISSION**

\_\_\_\_\_ *FIELD TRIPS* within walking distance, typically on Southern Utah University campus with supervision by SUU Preschool staff and SUU students.

\_\_\_\_\_ *MEDIA* taken of my child to be used for educational purposes, teacher training, publicity or other school use. This may include video tape, audio recording and still pictures. My child's full name will be used only with my permission.

\_\_\_\_\_ *DISTRIBUTION* of my address and/or telephone number to other parents of a child enrolled in the school (addresses will not be given out for any commercial purpose).

\_\_\_\_\_ I understand that *OBSERVATIONS* of my child by Southern Utah University students and others approved by the Child Development Lab Director will occur. I understand that only my child's first name and information, such as age, number of siblings, and other non-identifying information will be given to lab students for their child studies.

Signature of Parent or Guardian:

Date:

\_\_\_\_\_

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