



**LEHMAN COLLEGE CONTINUING EDUCATION  
CHILDREN AND TEEN PROGRAMS  
CONSENT AND RELEASE FORM**

Please print and complete, sign, and return to the Office of Continuing Education prior to my child attending class(es):

CHILD'S LAST NAME

FIRST NAME

ESCORT'S (to & from Lehman) LAST NAME

FIRST NAME

PARENT'S/GUARDIANS' LAST NAME

FIRST NAME

EMERGENCY CONTACT'S LAST NAME

FIRST NAME

Emergency Contact Phone # and/or Cell #

**PHOTOGRAPHY AND VIDEO RELEASE**

I agree that you may photograph or video my child during attendance in any of the Children's Programs and that you retain the rights to use these visual images to use for promotional materials, e.g. brochures, flyers, posters, advertisements without compensation to my child.

Please check the following for Photography and Video Release: Yes \_\_\_\_\_ No \_\_\_\_\_

**CONSENT AND INDEMNIFICATION FOR MINORS**

I do hereby voluntarily consent to have my child (children) participate in the various activities available to Continuing Education students on the Lehman College campus and in The APEX and I understand and acknowledge that the Board of Trustees of the City University of New York, the City of New York, the State of New York and all the units, divisions and departments administered by the Board of Trustees of the City University of New York, its servants, agents, employees and persons associated or affiliated with them, shall have no responsibility for loss, damage, or injury to person or property not caused primarily by an agent of Lehman College, and I do assume all such risks and agree to indemnify the College for any and all claims arising from the operation of this agreement.

I have read, understand, and will abide by the Rules, Regulations, Emergency Policy, Medical Releases, Consent and Indemnification for Minors:

**SIGN HERE:**

\_\_\_\_\_  
PARENT / GUARDIAN

\_\_\_\_\_  
DATE