Parental/Guardian Permission and Release Agreement

I, the undersigned, parent or guardian of _______________________________, a minor, expressly accept and agree to the following terms and conditions (hereinafter, collectively, the "Release Agreement") in consideration for my child’s participation in Big Red Writes ("BRW"), a Cornell pen pal program involving employees, K-12th grade children of employees, retirees, students, and alumni.

**Consent to Participate.** I consent to my child participating in BRW.

**Monitoring and Supervision of Minor.** I understand that I am solely responsible for ensuring my child engages safely in the Big Red Writes correspondence process. I promise to provide my personal e-mail address to facilitate communications between my child and other BRW participants, and I promise to review all BRW correspondence before providing it to my child. I further understand and acknowledge that Cornell University is not responsible for monitoring or supervising any communications between my child and other BRW participants. I further understand that BRW participants are not to communicate with my child outside sending correspondence to my personal e-mail address. If I become aware of any such unauthorized communications, I will contact bigredwrites@cornell.edu.

**Release of Liability for Cornell University:** I hereby for myself and on behalf of my heirs, family members, executors, administrators, assigns, personal representative and next of kin, agree to HOLD, Cornell University, and its respective trustees, officers, agents, volunteers, and employees HARMLESS from any liabilities, damages, expenses, causes of action, claims, or demands of any nature whatsoever, including any claims of negligence, on account of, among other things, accident, personal injury, property damage or even death, however caused within the scope of this Program.

**Potential Disputes Resolved in Tompkins County:** I agree that this Release Agreement shall be governed by the laws of the State of New York, without regard to conflicts of laws principles, and further agree that any dispute about the terms of this Release Agreement shall be presented to a court of competent jurisdiction in the State of New York with venue in Tompkins County.

**Parental Certification:** I certify that I have read (or had someone read to me) and understand this entire Release Agreement, and understand the dangers involved in participating in this Program. I am fully aware of the legal consequences of this Release Agreement, and I agree to its terms. I represent and warrant that I am eighteen (18) years of age or older and have legal authority to execute this Release Agreement on behalf of the listed child.

**SIGNATURE:** _____________________________________________________________

**PRINT NAME AND DATE:** _______________________________________________