



Take Our Daughters and Sons to Work® Day

Thursday, April 25, 2019

PERIMETER COLLEGE FACULTY/STAFF REGISTRATION FORM

Please complete this form to register for **Take Our Daughters and Sons to Work® Day** on April 25, 2019. In addition to this registration form, **you must complete and sign the accompanying Participation Agreement and Waiver**. No employee will be permitted to bring a child to work without *both* forms being completed and signed. Please contact Fran Mohr at fmohr@gsu.edu or 678.891.3429 with any questions.

Please scan and email both signed forms to Fran Mohr at fmohr@gsu.edu by the deadline of Thursday, April 18, 2019.

IMPORTANT EVENT INFORMATION:

Take Our Daughters and Sons to Work® Day allows Georgia State University employees to serve as role models and inspire girls and boys to strive to attain their full potential. Moreover, it empowers girls and boys to dream without gender limitations and think imaginatively about their family, work, and community lives. It is designed to help children expand their career aspirations by giving them a chance to experience various careers firsthand.

Please note the following requirements:

- The program is for children ages 8-18.
- The employee's workstation and duties must be amenable for a child visitor during the entire workday.
- The child must be able to understand and demonstrate behaviors required for a business setting.
- After receiving Manager approval, it is the responsibility of the parent/guardian to clear the child's absence with the appropriate school authorities.
- **The child must remain supervised by the parent/guardian the entire visit to the University campus.**

EMPLOYEE INFORMATION:

Employee/Parent/Guardian Name: _____

Child's Name and Age: _____ Job Title: _____

Business Phone #: _____ Department: _____

Cell Phone #: _____ Campus: _____

I hereby affirm that I have read and understood the **IMPORTANT EVENT INFORMATION** above and will follow all event requirements, including supervising my child during his/her entire visit to campus. In addition, I have completed and attached the Participation Agreement and Waiver. I understand that I will be responsible for any necessary approvals required from my child's school for his/her absence.

Employee/Parent/Guardian Signature _____ Date _____

EMPLOYEE'S MANAGER INFORMATION:

Manager Name: _____ Phone #: _____

I have reviewed this request and affirmed that the Employee named above is able to perform his/her job duties with a child visitor the entire workday. I have read the event requirements and I approve aforementioned employee to bring his/her daughter or son to work on April 25, 2019.

Manager's Signature _____ Date: _____

GEORGIA STATE UNIVERSITY PARTICIPATION AGREEMENT AND WAIVER

Program Name: *Take Our Daughters and Sons to Work Day*

Date(s) of Program: April 25, 2019

Participant (Child) Name: _____ **Age:** _____

Parent/Guardian Name: _____ **Phone Number:** _____

Assumption of Risk:

I am the parent or legal guardian of the Participant and allow participation in a Georgia State University Program (the "Program"), facilitated by Georgia State University and its employees and authorized representatives (the "University"). This Program is purely voluntary. As such, **I agree to assume all risk on behalf of the Participant.** I acknowledge that the Program involves risks such as accidents, illness, injuries, crime, inclement weather, and other hazards arising from a wide variety of events and circumstances that cannot be enumerated. I voluntarily assume all such risk. **I agree to supervise my child throughout the Program.**

Waiver and Indemnification:

I agree to waive, release, covenant not to sue, forever discharge and hold the University harmless from any and all claims, demands, and causes of action arising out of participation in the Program or related medical care. This waiver also applies to any heirs, executors and assigns. Further, I agree to defend, indemnify and hold the University harmless from any and all claims, demands and causes of action arising out of the Participant's actions while participating in the Program.

Liability Insurance and Limitation of Liability:

The University, as a state entity, is covered by the Tort Claims Act and the State of Georgia Broad Form Insurance, which includes liability insurance. I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for any circumstances beyond the control of the University, including:

- sickness, disease, accidents, injuries (including death), theft of/damage to property, crime, weather, acts of God;
- damage or injury of any kind in connection with accommodations, transportation, or other services; or
- for any additional expense related to any of the foregoing.

Code of Conduct:

My child agrees to follow all rules, regulations and directions provided by Program personnel. I understand that any failure to do so may result in my child being removed from the Program.

Optional Photography Release:

I give the University permission to reproduce and use for educational or promotional purposes any and all photographs, videos, movies, or sound recordings taken of Participant during participation in the Program, as well as any written testimonials I or Participant provide regarding the Program.

INITIAL HERE ONLY IF YOU DO **NOT** AGREE TO PHOTOGRAPHY RELEASE: _____

Agreement: I agree to the terms and conditions of this document.

Signature of Parent/Guardian: _____

Date: _____