

# GPS

Mentor Program

## PARENT/GUARDIAN CONSENT AND LIABILITY RELEASE FORM

I, \_\_\_\_\_,  
give my consent for the GPS program at Colorado State University, coordinated by the Black/African American Cultural Center to place my child(ren), in a small group mentoring environment led by a selected and screened college students attending Colorado State University. I also give consent for my child(ren) to participate in all GPS Mentor Program activities; including all organized activities and transportation. In consideration of the advantages of participation in the GPS Mentor Program, the undersigned agrees that the Colorado State University and the Black/African American Cultural Center, its agents, and its students and employees shall be released and exempt from any liability for damages for bodily injuries or property damages that may occur as a result of participation in the GPS Mentor Program, except to the extent of insurance liability as provided by law.

Students name (please print)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature \_\_\_\_\_ Signature Date \_\_\_\_\_

Print Name Relationship to child \_\_\_\_\_

Address City Zip \_\_\_\_\_

Home Phone and/or Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_