AMERICAN ASSOCIATION OF TEACHERS OF JAPANESE AND GEORGETOWN UNIVERSITY CONSENT AND RELEASE AGREEMENT FOR MINORS

The parent or legal guardian of each minor participant who wishes to participate in the Japanese Language Proficiency Test administered by the American Association of Teachers of Japanese at **Georgetown University** must sign this agreement.

My child (full name, printed) _____ has my permission to participate in the Japanese Language Proficiency Test (hereinafter referred to as the "JLPT") administered at **Georgetown University on the following date:** _____.

1. I affirm that my child's participation is completely voluntary.
2. I certify that my child is in good health and has no physical or mental condition that would prevent safe participation in this activity.
3. I agree to instruct my child to obey all rules and instructions of the staff and volunteers administering the JLPT.
4. Should my child require medical treatment while participating in the JLPT, I authorize Georgetown University and/or American Association of Teachers of Japanese staff and volunteers to obtain appropriate medical services, and I authorize the medical personnel selected by them to provide any treatment deemed necessary or appropriate.
5. I understand that neither Georgetown University nor the American Association of Teachers of Japanese has insurance to cover medical or hospital costs and, therefore, any costs incurred for such treatment shall be my responsibility.
6. I acknowledge that the American Association of Teachers of Japanese and Georgetown University are responsible only for their own negligent or intentionally wrongful acts in connection with my child's participation in the JLPT.
7. I hereby freely and voluntarily release and hold harmless the American Association of Teachers of Japanese and Georgetown University, their employees, officers, administrators, agents, representatives, students, affiliates, successors, and assigns from all claims, actions, causes of action, suits, judgments, and demands arising from my child's participation in the JLPT, except as provided in Paragraph 6.
8. I acknowledge that I have read and understand this form and that the terms herein are contractual and not a mere recital.

Parent/guardian name (print): _____

Parent/guardian signature: _____ **Date:** _____

Emergency Contact Name (print): _____ **Phone:** _____

Relationship to Participant: _____

Medical Information:
Please provide any medical conditions, allergies, medications, or other information that should be shared with emergency medical personnel in the event of a medical emergency:

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