

# DaytonMADE

## Parent/Guardian Permission and Program Expectations

I, \_\_\_\_\_ (name of parent/guardian) give my permission for \_\_\_\_\_ (student's name) to participate in the DaytonMADE program.

I have read the following information relating to this program, and am in agreement with the expectations:

1. Testing and assessment techniques will occur throughout the program to help in providing the best educational program for my child and to evaluate the program itself.
2. All records will be maintained with strict confidentiality. Those records will be made accessible only to those members of the program staff who need to see and use them for administration of the program. Any demographic information shared with funding organizations or the public to highlight camp results will be anonymized.
3. Pictures, videos and samples of students' work, etc. may be used by the program personnel to show the value of this program to the public.
4. Parents give permission for student(s) to participate in all regularly planned activities and field trips.
5. Parents understand that attendance is important and those students in regular attendance will receive the greatest benefit from the program. Students may be requested to withdraw from the program due to a lack of attendance or participation.
6. Students are expected to show respect towards all adults, their peers, and themselves at all times.

I \_\_\_\_\_ (name of parent/guardian) also hereby release and hold harmless AeroVironment, Inc. and its affiliates and subsidiaries, officers, directors, employees and shareholders, Wright State University, Primient, and camp staff from any and all actions, claims, and demands by reason of any damage, loss, or injury (including death) which may be sustained by my child or a child under my guardianship with respect to the child's participation in the DaytonMADE program or contact associated with participation in the DaytonMADE program.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ (student's name) have read the above information and understand and agree with the program expectations.

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