



**ENVIRONMENTAL HEALTH AND SAFETY
Radiation Protection Services**

Participant's Name: _____
(Last) (First) (Middle)

Address: _____

Zip: _____ Telephone: _____ Date of Birth: _____

I am the parent (guardian) of the above-named child who wishes to participate in the _____ Program for students which is sponsored by the State University of New York at Stony Brook. The program director has informed me, and I fully understand that although every safety precaution will be taken, certain hazards remain and risks of physical injury and/or property damage do exist in such a program.

I understand that SUNY at Stony Brook does not carry medical or property damage insurance and that primary financial coverage in case of an accident will be provided by myself and/or my own insurance.

It is my intention in signing this statement to grant permission to SUNY at Stony Brook to allow my child to participate in the _____ Program for students.

(Date)

(Please print name of parent of guardian)

(School)

(Signature of Parent/Guardian)

(Address of School)

(Signature of Principal)

(Signature of Principal Investigator)