

C O L U M B I A U N I V E R S I T Y

Academic Success Programs
2024 Summer Bridge Program

STATEMENT TO BE SIGNED BY PARENT OR GUARDIAN

In consideration of the Trustees of Columbia University in the City of New York (hereinafter called "The University") accepting my child:

Participant's name

to the ASP Summer Bridge Program at Columbia University, New York, NY, and permitting my child to enjoy and use the facilities of Columbia's campus, and other good and valuable considerations, I, for myself, and on behalf of my child hereby:

1. Assume the risk of personal injury to my child and loss of or damage to my child, and release the University, and its officers, agents, servants and employees from all claims or liability from all causes (excluding the willful misconduct or negligence of the University and its agents, servants and employees), arising out of or occurring during my child's presence at Columbia's campus or during any travel or visit to other locations as part of the ASP Summer Bridge Program.
2. Signify my permission for my child to travel to and visit such other locations as shall be arranged by the University as part of the ASP Summer Bridge Program.

Name of parent/guardian: _____

Signature of parent/guardian: _____

Date: _____