



## *Down Syndrome Research Institute*

### **Summer School Waiver July 3 - 27, 2012**

I hereby give permission for my child \_\_\_\_\_  
to participate in the Summer School conducted by the Down Syndrome Research  
Institute at Sir George Ross Secondary School, 365 Belfield Street, London, Ontario and  
at the various field trip locations.

I understand that participation is purely voluntary and that the staff of the Down  
Syndrome Research Institute do not assume any liability in the event of an accident or  
injury to my child.

Name: \_\_\_\_\_

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

### **Photograph Consent**

I hereby give consent for my child \_\_\_\_\_ to  
have his/her photograph taken while attending the Down Syndrome Research Institute  
Summer School.

Name: \_\_\_\_\_

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

## Field Trip Permission

I hereby give permission for my child \_\_\_\_\_

to go on outings and field trips, under the supervision of the Staff of the Down Syndrome Research Institute. I understand that the students will not be transported in private vehicles without my express permission. I have read, completed and signed the emergency information and medical release form.

Name: \_\_\_\_\_

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

## Release of Research Data

I understand that one of the activities of the Down Syndrome Research Institute is to gather and disseminate research findings. I am aware that my child will never be identified by name or by description in any DSRI report or academic paper, and that data about my child's activities at the Down Syndrome Research Institute Summer School will never be released to any third party. Given this guarantee of confidentiality, I hereby give permission for research data about my child \_\_\_\_\_ to be used to compile research reports and academic papers.

Name: \_\_\_\_\_

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