Image Release Statement

With my signature below, I agree to allow my image to be used to publicize The Citadel, the Multicultural Student Services and International Studies Department, and/or the CSI Program on websites and in other media as deemed appropriate by the Director of the CSI Program.

_____________________________  ________________
Student Signature  Date

_____________________________  ________________
Parent’s Signature (required if student is a minor)  Date

Informed Consent Statement

- I understand that the activities and results of the activities of the Citadel Success Institute may be used in research and may be published in written or oral form.
- I understand that my name will not be used in research and that my identity will remain confidential.
- I herewith allow The Citadel, the Multicultural Student Services and International Studies Department, the CSI Program, and the Reading Enhancement Program to use the data collected during this program for such purposes.
- I confirm that this was explained to me during the welcome and/or training session of the CSI Program and my questions were answered at that time.

_____________________________  ________________
Student Signature  Date

_____________________________  ________________
Parent’s Signature (required if student is a minor)  Date

Recognition and Assumption of Risk Agreement

I, the undersigned parent / legal guardian of this CSI student, authorize said student’s full participation in CSI, including all related activities. It is my understanding that participation in the activities that make up CSI is not without some inherent risk of injury. As such, in consideration of my child’s participation in CSI, I covenant not to sue the program, The Citadel, the State of South Carolina, their officers, servants, agents, or employees and release, waive and discharge said parties from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in or upon the premises where the activity is being conducted.

_____________________________  ________________
Parent’s Signature (required if student is a minor)  Date

In addition, I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

_____________________________  ________________
Your Signature  Date