



NIGERIA GEEK GIRLS COLLABORATIVE CAMP

PARENTAL CONSENT FORM

I, _____, the undersigned, as the Parent/Guardian of _____ hereby

consent to her participation in **Nigeria Geek Girls Collaborative Camp (GeGCoC 2014)** and related activities. I understand that if my daughter is an OFF-SITE camper, it is my responsibility to ensure her care and custody outside the camp daily routine from **9.00am to 5.30pm**. Camp organizers shall not be responsible for my daughter before or beyond that period unless by prior special arrangements. I agree that none of the camp officials will be held liable for any injury to my child, or loss or damage to my child's personal property. I certify that my child in good health and hereby authorize the Camp Officials to act for me in conjunction with University medical personnel, according to their best judgment, in any emergency requiring medical attention with the understanding that the cost of any such treatment will be my responsibility.

I understand that the organisers are committed to offering my child and other participants a fun-filled and educational experience by providing quality content, training and facilities. During their week at University of Ibadan, I expect all participants to behave in a respectful way towards other participants, Officials, equipment, and facilities. Parents/guardians will be notified of inappropriate behavior or misconduct, and may be billed for damages to University property. Continual violation of camp rules will lead to possible disciplinary actions and/or removal from **GeGCoC 2014**.

I understand that during the time my child is participating in **GeGCoC 2014**, photographs, audio-recordings, video-recordings, podcast and/or webcast of my child may be taken by camp officials. By signing this consent, I agree to allow **GeGCoC 2014** Organisers to use these materials for promotional purposes including use on display boards, booklets, and brochures, offline or online, or in whatever appropriate way.

I confirm that I have read and agree to all of the above.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

This form must be submitted to the camp officials at the point of registration.



INSTITUTE OF INTERNATIONAL EDUCATION

WeTect

