

**ARKANSAS COLLEGES OF HEALTH EDUCATION (ACHE)**

**Permission to Participate in  
ACHE Research Day Events Educational Activities**

As the parent/ legal guardian, I/We, hereby grant permission for

(name of student) \_\_\_\_\_ to submit a research poster and participate in following research event:

- ACHE Research Day Event
- October 7, 2022
- ACHE Research Institute Health and Wellness Center
- 1000 Fianna Way Fort Smith Arkansas

**PLEASE SELECT ONE**

- I/We will be responsible for transportation to and from the RIHWC Facilities for the event on October 7,2022.
- If my child is participating as a part of a class. I/We give permission to my child's teacher to supervise my child and provide transportation to and from the event.

(name of teacher) \_\_\_\_\_

(Name of school) \_\_\_\_\_

I/We authorize ACHE and local Media to take pictures of my child and post them on public media sites (websites, newspaper) promoting the research event. If you agree please provide your initials for picture/ media release.

I/We, authorize ACHE or the school representative, in the exercise of his/her judgement as to necessity, to obtain medical treatment in the event of injury or illness and the undersigned agrees to pay any expense incurred for this treatment.

I/we, release the ACHE from any claim for injury to our child resulting from simple negligence and agree not to institute or be a party to any suit against the ACHE and ACHE employees, arising out of said student attending the event described above to which I/we, have given written permission for attendance.

I attest that I am the parent/legal guardian for the above student and my signature grants permission as such.

Printed First Name and Last Name \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Cell phone number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Work Phone number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Questions Please contact: