



# BICS Experience Day Permission Form

This form is required for all visiting students who are unaccompanied by a parent/guardian. The completed form may be submitted on the Experience Day registration form, or may be emailed to [info@berkshireinstitute.org](mailto:info@berkshireinstitute.org).

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## Student Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list any medical conditions, allergies, required medications, & special accommodations needed while with us:

\_\_\_\_\_

\_\_\_\_\_

*Please note: BICS staff will not give any medication to a participant and medical staff is not available on the premises. In the event of an emergency, 911 and emergency contacts will be called to respond.*

## Parent/Guardian Information

Full Name of Parent/Guardian: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Primary Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Secondary Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Permission

- I give permission for my child, named above, to visit the Berkshire Institute for Christian Studies and to participate in the BICS Experience Day, including an overnight stay in the BICS residence facilities (located in Pittsfield, MA). I understand that this includes transportation to/from the BICS dorms. I further understand that my child is expected to abide by all BICS policies/conduct guidelines for the duration of his/her visit.
- In case of emergency, and if I cannot be reached, I, the undersigned parent/guardian of the above-named child, do hereby authorize a representative of Berkshire Institute for Christian Studies to seek emergency medical treatment/care. In the event of an emergency, 911 and emergency contacts will be called to respond. I agree to hold the Berkshire Institute for Christian Studies free and harmless of any claims, demands or suits for damages arising from the giving of consent for medical treatment, and I also authorize my own responsibility for any and all medical bills.
- I hereby release, forever discharge, and agree to hold harmless the Berkshire Institute for Christian Studies, and the directors and staff thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, or any nature whatsoever which may be incurred by the undersigned and/or the students that occur while said student is participating in the BICS Experience Day or similar campus visit.
- I hereby grant permission to the Berkshire Institute for Christian Studies to use, for promotional purposes, photographs and video in which my child appears (e.g., brochures, website, and other promotional presentations).

**I, as parent/guardian of the above-named student, understand the release provisions stated above and hereby grant my permission:**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Please return this form to the BICS office or submit it with your Experience Day registration. If you have any questions, please contact us by phone or email. We look forward to hosting you!*