It is our pleasure to invite all Medford and Somerville students in grades K-2 to Tufts University for our annual Halloween on the Hill Celebration to be held from

**10 am-3 pm on Sunday, October 25th (registration starts at 9:00am)**

In groups of no more than 15 guided by two Tufts students, your child will tour a haunted house, see a fun-filled show, participate in Halloween-themed crafts, and more! Children will be dropped off and picked up in the Carmichael Hall lounge (see directions). Snacks, but not a full lunch, will be provided, so please send your child with a bag lunch. This is a rain or shine event and while most activities will take place indoors the children will be outside so be sure to include appropriate outerwear. Children are encouraged to dress up in costume for this event.

There are two ways to register!
- Go to <https://sites.tufts.edu/tuftsllcs/> and then click on the “Halloween on the Hill” tab and follow the link by **Sunday, October 18th** (this is our preferred method of registration)
  - Note: If you choose to register online at please remember to print out a hard copy of the permission slip and bring it with you on the day of!!!
- Return your paper copy of the permission form to your child’s school by **Monday, October 19th**!

This event is brought to you by the Tufts Leonard Carmichael Society

**Directions**
From Somerville – Follow Curtis St. to the top of the hill. Take a right into the Carmichael parking lot (Langsang lot) and follow the building around to the front.
From Medford – Drive up Winthrop St. to the top of Walnut Hill. Take a left into the Carmichael parking lot (labeled the Langsang lot) and follow the building around to the front.

***All children MUST be pre-registered. Permission slips will not be accepted on the day of the event. Please return the **ATTACHED** permission slip on the following pages to the teacher. ****
Release of Liability and Hold Harmless Agreement

I, ___________________________, as the parent/guardian of ____________________________ (the “Student”) approve and give permission for the Student’s participation in Halloween on the Hill sponsored by the Leonard Carmichael Society at Tufts University (the “Program”).

In consideration of the Student being permitted to participate in the Program, I, to the fullest extent permitted by law, on behalf of myself, the Student, my spouse, heirs, representatives and assigns, AGREE TO AND DO FOREVER HOLD HARMLESS, RELEASE, WAIVE, AND DISCHARGE TUFTS UNIVERSITY, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS, ASSIGNS, STUDENTS AND VOLUNTEERS (COLLECTIVELY REFERRED TO AS THE “RELEASEES”) FROM, AND I AGREE NOT TO SUE ANY OF THE RELEASEES IN CONNECTION WITH, any claim arising from or related to the Students’ participation in the Program, including but not limited to a claim of injury, property damage or loss, death or accident of any kind.

I (Student and Parent/Guardian) authorize Tufts University, its employees and agents, to act on my behalf in the event of an emergency during the Student’s participation in the Program, and to take whatever actions they may consider to be warranted under the circumstances regarding the protection of the Student’s health and safety. I understand that if the Student does not follow the directions being given by Tufts University’s employees and volunteers or by his or her teacher, the Student may be asked to terminate his or her participation in the Program.

I, on behalf of myself and the Student, hereby grant to Tufts University, its officers and employees (collectively, the “University”) and its students, agents and assigns the worldwide, perpetual, irrevocable right to (i) photograph and/or videotape the Student and (ii) reproduce, distribute, display, create, derivative works of and otherwise use the Student’s name, photograph, video, film and likeness for, and in connection with, any purpose, including, without limitation, the University’s public relations, publicity, promotion, fundraising and recruitment purposes, for any means, methods and media (print and electronic) that the University deems appropriate.

I acknowledge and agree that, except as otherwise specified below, I will be responsible for picking up the Student at the end of the Program.

Address: _______________________________________________________________________

Primary Phone: __________________________ Secondary Phone: __________________________

Email: _____________________________________________________________

Emergency Contact Information: _____________________________________________ Phone: __________________________

Person (other than the undersigned) authorized to pick up the Student (must be over age 18, photo ID may be required): __________________________ Phone: __________________________

Child’s School________________________________ Grade: K 1 2

***Food and medicine allergies or other medical considerations: __________________________

_________________________ __________________________
Signature of Parent/Guardian Date