MOREHOUSE | TRIO PROGRAMS

Phoenix/Mays Upward Bound
2026-2027 Academic Year Permission and Release Form

Dear Parent(s)/Guardian(s):

Your student has been selected to participate in educational, cultural, leadership, academic, research, college visit, and enrichment activities sponsored by the Morehouse College TRIO Programs during the academic year. Activities may include on-campus and off-campus events, workshops, conferences, field trips, college tours, service-learning opportunities, and other program-sponsored experiences.

Your signed permission is required before your child may participate. Reasonable precautions will be taken to ensure student safety; however, participation may involve inherent risks. Activity-specific details, including dates, times, locations, and transportation arrangements, will be communicated as appropriate throughout the year.

Morehouse College reserves the right to deny participation in any TRIO activity if a student's behavior, attendance, conduct, dress, or attitude is determined to be inconsistent with program expectations or safety requirements.

I request that _____ be permitted to participate in all Morehouse College TRIO Program-sponsored activities during the academic year. I understand that my child may travel off campus and may be transported by charter bus, college-owned vehicles, contracted transportation providers, public transportation, or authorized Morehouse College personnel.

I agree to ensure my child arrives on time for departure and is picked up promptly at the designated return location when applicable.

I hereby release and hold harmless Morehouse College, its Board of Trustees, officers, employees, agents, volunteers, and representatives ("Released Parties") from any and all claims, liabilities, damages, losses, expenses, attorney fees, personal injury, illness, emotional distress, property damage, or death arising from or relating to my child's transportation to, from, or participation in TRIO-sponsored activities, to the fullest extent permitted by law.

I further agree to indemnify and hold harmless the Released Parties from any claims brought by me or on behalf of my child arising from participation in TRIO-sponsored activities. I acknowledge that I have entered into this agreement voluntarily, have had the opportunity to consult legal counsel, and understand that this document represents the entire agreement between the parties. If any provision is found unenforceable, the remaining provisions shall remain in effect. This agreement shall be binding upon me, my child, and our heirs, successors, assigns, insurers, and personal representatives.

By signing below, I acknowledge that I have read, understood, and voluntarily agree to the terms of this Academic Year Permission and Release Form and authorize my child to participate in Morehouse College TRIO Programs activities throughout the academic year unless revoked in writing.

Please sign and complete all the required information below.

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature Date

2026-2027 Waiver, Release and Indemnification

We the undersigned request that_____("Participant") be granted permission to participate in all Morehouse TRIO Program activities, to be held at Morehouse College from September 1st, 2026, to August 31st, 2027.

In consideration of the Participant's being permitted to participate in the Activity, we do release, waive, forever discharge and covenant not to sue Morehouse College, its governing board, officers, agents, employees and any students acting as employees ("Releases"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which Participant or his or her Parent or Guardian, arising out of or related to any loss, damage or injury, that may be sustained by Participant or by any property belonging to Participant or his or her Parent or Guardian, whether caused by the negligence or carelessness of the Releases, or otherwise while Participant is in, on, upon or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

We further state that there are no health-related reasons or problems which precludes or restrict Participant's participation in this Activity, and that Participant has or will have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of any injury to the Participant.

It is our express intent that this Waiver, Release and Indemnification Agreement shall bind the members of Participant's family and spouse if married. Participant and/or Participant's parent/guardian further agree to save and hold harmless, indemnify and defend the Releases from any claim by Participant's family arising out of Participant's participation in this Activity.

Participant further agrees to abide by the rules and regulations of the College while participating in this Activity and acknowledges and recognizes the right of Morehouse College, through its employees or agent, to terminate his or her participation in this Activity should (s)he not abide by the stated regulations. Participant agrees to supply a signed copy of this document to his or her parent or guardian.

We further agree that this release shall be construed in accordance with the laws of the State of Georgia. If any term or provision of this Release shall be held illegal, unenforceable or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected.

I, Participant's Parent/Guardian further state that I am the Participant's Parent/Guardian, and am fully competent to sign this Agreement, and that I execute this release for full, adequate and complete consideration of my own free act and deed, fully intending for myself, for the Participant and for the Participant's family, estate, heirs, personal representative or assigns to be bound by the same. No oral representation, statements, or inducements, apart from the foregoing have been made.

THIS IS A RELEASE OF LEGAL RIGHTS, READ BEFORE SIGNING.

_____ _____
Parent/Guardian (Signature) Date

_____ _____
Student/Participant (Signature) Date

No student will be allowed to participate in the Summer Academy Program unless this form has been received prior to or upon arrival or otherwise designated by the Program Director. If you have not already done so, please return the form to the Director of the Program in which you will participate.

MOREHOUSE | TRIO PROGRAMS

Phoenix/Mays Upward Bound
2026-2027 Student Participation Health Record

PART I
To be completed by the student and parent for authorization to treat.

NAME_____
Last **First** **MI**

PERMANENT HOME ADDRESS_____

_____
City **State** **Zip** **Country**

SSN #_____ **HOME PHONE**_____ **CELL PHONE**_____

EMAIL ADDRESS_____

DATE OF BIRTH_____ **AGE**_____ **MOREHOUSE ID#**_____

AUTHORIZATIONS: (Parent or legal guardian MUST sign if under 18 years of age) I hereby accept financial responsibility for the expense of health care services and I authorize the medical providers of Morehouse College Student Health Services and their agents or consultants, including emergency medical technicians, area hospitals or other treatment facilities, to perform diagnostic and treatment procedures, on the above-named student. I have no expectation for Morehouse College to pay medical expenses for the student should he need treatment. I agree to absolve and hold harmless Morehouse College in making medical decisions for the student. I understand that every effort will be made to notify the parent or legal guardian of a major illness or injury immediately.

Student Signature_____ Date_____

Parent/Guardian Signature_____ Date_____

EMERGENCY CONTACT PERSON:

NAME_____ **RELATIONSHIP**_____

ADDRESS_____

DAY TIME PHONE NUMBER _____ **NIGHT TIME PHONE NUMBER** _____

MOREHOUSE | TRIO PROGRAMS

2026-2027 Student Participation Health Record

PART II
ALL ITEMS ARE REQUIRED!!

Name of Student: _____

DRUG ALLERGIES: □ Yes □ No If yes, to what? □ PCN □ Sulfa □ Erythromycin □ Other____
If yes, what is the nature of the reaction?_____

FOOD ALLERGIES: □ Yes □ No If yes, to what?_____
If yes, what is the nature of the reaction?_____

Is this student receiving treatment or care for any acute or chronic medical condition? □ Yes □ No
If yes, please explain_____

Does this student require special accommodations because of any chronic medical condition? □ Yes □ No
If yes, what is the medical condition and the special accommodations required _____

_____

Is this student receiving therapy for any emotional or psychiatric condition? □ Yes □ No
If yes, please explain_____

Does this individual require special accommodations because of the emotional or psychiatric condition?
□ Yes □ No If yes, what accommodations are required?_____

Has this individual had any surgical procedures? □ Yes □ No
If yes, please explain_____

Are there any learning disabilities or learning challenges that require medication for management?
□ Yes □ No If yes, please explain indicating medication, dosage and frequency._____

_____

Does the student have food issues requiring special diet? □ Yes □ No
If yes, please explain the nature of the food issue and specific diet required _____

May the student participate in an athletic, sports or wellness program? □ Yes □ No
If no, please explain_____

MOREHOUSE COLLEGE

AUTOMATIC DEPOSIT (ACH) REQUEST FORM -Student/Employee

(For US and International Banks ONLY)

INSTRUCTIONS

Please complete the information requested below. Please return the completed document with either a voided check or printout from your bank with account and routing number.

NAME	M-Number
PHONE NUMBER	CONTACT EMAIL
STREET ADDRESS 1	CITY
STREET ADDRESS 2	STATE, ZIP

BANK ACCOUNT NAME (BENEFICIARY)

BANK ACCOUNT NUMBER (DDA) (BENEFICIARY)

TYPE OF ACCOUNT Checking ☐ Savings ☐

BANKING INSTITUTION'S NAME:

CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE

BANKING INSTITUTION PHONE #

US BANKING INSTITUTION FUNDS TRANSFER NUMBER/CODE - **Routing (ABA) Number**	INTERNATIONAL BANKING INSTITUTION FUNDS TRANSFER NUMBER/CODE - **Transit Number**

I authorize you and the banking institution listed to deposit funds automatically to the account. If funds to which I am not entitled are deposited to this account, I authorize you to direct the banking institution to return said funds. This authority will remain in effect until I have cancelled it in writing.

Print Name

Signature

Date

For additional information or assistance, please contact the Accounts Payable Department (470)639-0422

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person** ►	**Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*