RISE Parent/Guardian Permission Form

I, _____, the parent or legal guardian of _____ give permission for my child to participate in the RISE Summer Program at Cleveland Clinic Research from June 14, 2027, through August 6, 2027. My child and I agree that he/she will commit to working 25 hours a week for the full 8 weeks if accepted into the program.

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Name: _____

Phone Number: _____

Child's Signature: _____ Date _____

Child's Name: _____

Phone Number: _____