If I Had A Hammer Project
Permission Form

School: ______________________
Date: ______________________
Time: 9:00 – 11:00 a.m.
Location: 1242 Broadway, Columbus, Georgia 31901

To whom it may concern:

__________________________(Full Name of Student) has my permission to attend and participate in the “If I Had A Hammer” fifth grade outreach project sponsored by UPTown Columbus, Inc. & BID and Columbus State University’s College of Education and Health Professions.

I understand that this project includes a walking tour of UPTown Columbus architecture in addition to the building of a free-standing 8’ x 11’ modular house to demonstrate math concepts, practice communication skills, and illustrate real-world problem solving skills, and will involve team lifting of building components and the use of power drills, hammers, nails, and ladders. I also understand that the walking tour will be facilitated by Historic Columbus Foundation personnel, the build session will be facilitated by CSU faculty and graduate students, and that all necessary precautions will be taken to ensure the safety of my child. I understand that if an accident occurs, unrelated to neglect or abuse on the part of CSU or Historic Columbus facilitators, I will not hold UPTown Columbus, Inc. & BID, Columbus State University and the College of Education and Health Professions, or any project sponsors (including community and media partners) responsible for any injuries or damages.

To assist in creating a safe experience for my child, I agree to enforce the following guidelines:

- NO open-toed shoes
- NO heeled shoes
- NO dresses
- NO loose or baggy clothing (including pants that are too long)
- NO bulky jewelry

I also give permission for my child to be photographed or filmed for promotional purposes, including print media, website posting, and videos related to the If I Had A Hammer project.

By signing below, I agree to all conditions set forth in this letter of permission for my child.

__________________________________________  ________________
Signature of Parent and/or Guardian    Date