

APPLICATION/EMERGENCY CONTACT INFORMATION

Participant's Name: _____ Gender _____
First Middle Last

Address: _____
Street City State Zip

Date of Birth ____/____/____

Emergency Contact Information:

1st Parent/Guardian <input type="checkbox"/> Check if address is the same as Participant's	
First Name:	Last Name:
Address:	City, State, Zip:
Home Phone:	Cell Phone:
Place of Work:	Work Phone:
2nd Parent/Guardian <input type="checkbox"/> Check if address is the same as Participant's	
First Name:	Last Name:
Address:	City, State, Zip:
Home Phone:	Cell Phone:
Place of Work:	Work Phone:

Provide two other emergency contacts that also may pick up the Participant. No others will be permitted.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

I give consent for my child ("child" or "Participant") to participate in the Program at Ohio University, Athens, Ohio ("University"), and I am returning the forms provided filled out completely and accurately.

Parent/Guardian Signature: _____ Date: _____

PHOTO AND FILM WAIVER

Participant Name: _____

Please check one:

Yes - Media, Photo and Video Authorization

I understand that during the course of the Participant's participation in the Program, that the Program, and those acting with the Program's permission or authority, may capture the Participant's name, likeness, image, or voice in photographic, audio, video, digital or other recording forms ("Recordings"). I give my permission for the Program to: use those Recordings or "Works" produced by the Participant (i.e., art work) for promotional, commercial, informational, or educational purposes in any and all media for any purpose consistent with the Program's or University's mission; and to distort, alter, or use in composite form, either intentionally or otherwise, that may occur or be produced during the production of the finished product(s). I understand that I will not have an opportunity to review or approve uses of the Recordings or Works. I understand that neither the Participant nor I will receive payment or any other compensation for the taking or use of any Recordings or Works created as a result of the Participant's participation in the Program.

No - Media, Photo or Video Authorization

I do not grant permission to Program to take or use the Participant's name, likeness, image, or voice in any form or to use work produced by Participant for any reason unless necessary for the administration of the Program while the Participant is participating in the Program.

PARTICIPANT

(Signature)

Only necessary if minor: PARENT OR GUARDIAN

(Signature)

Minors Date of Birth

AGREEMENT AND RELEASE OF LIABILITY FORM

This release executed by the Undersigned on behalf of _____ [Name of Participant] with an address at _____ (“Participant”) to Ohio University, Athens, Ohio (the “University”). The term, “Undersigned,” is used in this Agreement as pertaining to: (i) if Participant is of majority age, it refers only to Participant; (ii) if Participant is not of majority age, Undersigned refers to Participant and Participant’s Parent or Guardian. The term “Program Director,” is used in this Agreement pertaining to the University employee leading the Program.

In consideration of Ohio University through its Undergraduate Admissions organizing and operating the Multicultural Visit Program (MVP) for immersive academic study and experiential learning and making it available for participation by Participant and others, the Undersigned agrees as follows:

1. Participant wishes to participate in the University’s Multicultural Visit Program in Athens, Ohio from Sunday, November 3 to Tuesday, November 5, 2019 (“Program”).
2. The University agrees to provide a Program Director to serve as the representative of the University.
3. The Undersigned acknowledges that the Participant will participate in activities both on and off of University’s Athens campus including, but not limited to: being transported to and from campus; walking and/or riding in shuttles and busses around campus and Athens; participating in a walking campus tour, general information and academic sessions, chats with current OHIO students, a student social, a variety show, residence hall tours; working with computers or other electronics; residing in a local hotel called the Ohio University Inn; dining in University facilities, etc. The Undersigned understands and agrees that the University, its governing board, employees, and agents: (i) are not responsible or liable for any injury, damage, loss, accident, delay or other irregularity which may be caused by the defect of any vehicle or the negligence or default of any company or person engaged in providing or performing any of the services involved in this Program; (ii) are not responsible for losses or expenses due to sickness, weather, strikes, hostilities, wars, natural disasters, or other such causes; (iii) are not responsible for any disruption of travel arrangements, or any consequent additional expenses that may be incurred therein; (iv) assume no liability whatsoever for any loss, damages, destruction or theft or the like to Participant’s luggage or personal belongings and that Participant has retained adequate insurance or has sufficient funds to replace such belongings and the Undersigned will hold the University harmless therefrom.
4. Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Program, the Undersigned, on behalf of Participant's family, heirs, and personal representative(s), agrees to assume all the risks and responsibilities surrounding Participant's participation in the Program, the transportation, and in any activities undertaken as an adjunct thereto, and in advance releases, forever discharges, waives, and covenants not to sue the University, its governing board, officers, agents, employees, and any students acting as employees (“the University and its Agents”), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which Participant may have or which may hereafter accrue to the Undersigned, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Participant or by any property belonging to Participant, whether caused by the negligence or carelessness of the University and its Agents, or otherwise, while in, on, upon, or in transit to or from the Program or any activity adjunct to the Program.
5. The Undersigned assures the University of Participant having consulted with a medical doctor with regard to Participant's personal medical needs such that the Undersigned can and does further state that there are no health-related reasons or problems which preclude or restrict Participant's participation in this Program. The Undersigned is aware of all applicable personal medical needs of Participant and will meet any and all needs for payment of hospital costs while Participant is undertaking this Program and that the Undersigned hereby grants the University and its agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding Participant’s (or Participant’s baby if born during the Program) health and safety if the Participant is unconscious or otherwise unable to do so her/himself, and fully releases the University and its Agents for any liability for such decisions or actions or expenses as may be taken in connection therewith. The Undersigned authorizes the University and its Agents, at their discretion, to place Participant at the Undersigned’s expense, and without further consent by Participant or the Undersigned, in a hospital for medical services and treatment. The Undersigned hereby releases the University and its Agents from all medical and transportation expenses incurred on behalf of or for the benefit of Participant.
6. The Participant agrees to participate fully in the schedule of the Program.

