APPLICATION/EMERGENCY CONTACT INFORMATION

Participant's Name:					Gender	
		Middle		Last		
Address:	Cit	tv	State	Zip		
Date of Birth//_		,	State	Дір		
Emergency Contact Info	rmation:					
1 st Parent/Guardian D	Check if address	ss is the same as Pa	rticipant's			
First Name:				Last Name:		
Address:				City, State, Zip:		
Home Phone:	lome Phone:			Cell Phone:		
Place of Work:				Work Phone:		
2 nd Parent/Guardian	Check if addre	ess is the same as Pa	rticipant's			
First Name:				Last Name:		
Address:				City, State, Zip:		
Home Phone:	ione:			Cell Phone:		
Place of Work:				Work Phone:		
Provide two other emerge	ncy contacts that	also may nick un ti	ne Particina	nt. No others will be	nermitted	
_	icy contacts that		-			
Name			tionship	Phon		
I give consent for my ch			rticipate in	the Program at Ohio	o University, Athens, Ohio	
"University"), and I am r					• / /	
Parent/Guardian Signature): 				Date:	

AUTHORIZATION FOR MEDICATION ADMINISTRATION

Only complete this form if your child requires medication to be given at Ohio University If medication will be administered this form MUST be turned in before your child can participate.

Participant Name:		
Date of Birth/		
physician. 2. I will send the medication to the doctor or pharmacist. 3. I agree to notify the Program 4. I release and agree to hold	o Ohio Universit n staff immediat Ohio University	Program personnel to administer the below medication as directed by only that is not expired in the <i>original container</i> in which it was dispensed by the tely if there is any change to the information below. It is governing board, officers, agents, employees, and any students acting ability for damages or injury resulting directly or indirectly from the
Parent/Guardian Signature		
Printed Name		
PHYSICIAN'S ORDER	S FOR THE A	DMINISTRATION OF MEDICATION BY PROGRAM STAFF the following medications while at the Program:
Medication	Dosage	Time Schedule
Reason for medication(s):		
Any possible side effects:		
Special Instructions:		
Licensed Physician Signature		Address
Printed Name		Phone

PHOTO AND FILM WAIVER

Participant Name:	
Please check one:	
Yes - Media, Photo	and Video Authorization
the Program's permission or a video, digital or other record "Works" produced by the Pa in any and all media for any composite form, either inten product(s). I understand that understand that neither the P	ourse of the Participant's participation in the Program, that the Program, and those acting with authority, may capture the Participant's name, likeness, image, or voice in photographic, audioing forms ("Recordings"). I give my permission for the Program to: use those Recordings or tricipant (i.e., art work) for promotional, commercial, informational, or educational purposes purpose consistent with the Program's or University's mission; and to distort, alter, or use in tionally or otherwise, that may occur or be produced during the production of the finished. I will not have an opportunity to review or approve uses of the Recordings or Works. Carticipant nor I will receive payment or any other compensation for the taking or use of any as a result of the Participant's participation in the Program.
No - Media Photo o	r Video Authorization
I do not grant permission to l	Program to take or use the Participant's name, likeness, image, or voice in any form or to use for any reason unless necessary for the administration of the Program while the Participant is
PARTICIPANT	
(Signature)	
Only necessary if minor: PA	RENT 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 Ohi	o 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 Partic	cipant and Participant's Parent or Guardian. The term "Program
Director," is used in this Agreement pertaining to the University	ty 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.

- 7. Participant hereby recognizes that the Program and attendant activities are group endeavors and agrees to accept and abide by the University and its agents, or the will of the majority whenever a matter of choice is presented to the group. Participant acknowledges that the University reserves the right to cancel, without penalty, the offering and conduct of the Program and the right to make any alterations, deletions or modifications in the schedule or academic program as deemed necessary by the University or its representative. Participant is not permitted to separate from the group. If Participant breaks the schedule and leaves group, he/she does so at his/her own risk and University will bear no responsibility to Participant or the Undersigned.
- 8. The Participant agrees to respect and abide by the laws in Athens, Ohio and any other location traveled. Participant agrees to review in advance of the Program, respect and abide by University's Student Code of Conduct which is incorporated herein and can be found at https://www.ohio.edu/communitystandards/upload/Ohio-University-Student-Code-of-Conduct-through-081815-2.pdf in addition to any other rules provided to the participants at the Program, written or oral. The Participant further agrees to accept corrective actions up to and including termination of participation in the Program if Participant's conduct is determined to be detrimental to the best interest of the Participant, the Program or University. Participant acknowledges and agrees that he/she may be required to leave the Program at the sole discretion of the Program Director. The Participant also may be required to leave the Program for medical reasons. If asked to leave, the Undersigned agrees to take immediate action to travel to the University and to take Participant from campus or to make arrangements for the Participant to immediately leave campus.
- 9. The Undersigned hereby grants permission for the Participant to participate fully in the Program's residential component of staying at the Ohio University Inn. The Undersigned will support the Program's commitment to assist the Participant in seeking higher education by cooperating with staff and participating in his/her education. The Undersigned will encourage the Participant to complete the Program, fully participate in program activities, and abide by the University Code of Conduct and the rules implemented by the University.
- 10. The Undersigned further agrees that this Agreement shall be construed in accordance with the laws of the State of Ohio, which shall be the forum for any lawsuits filed under or incident to this Agreement or the Program. The term and provisions of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING. IF PARTICIPANT IS A MINOR UNDER THE AGE OF 18 YEARS OLD, A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.

Participant Sign	nature	Date		
and I understand and employees and student vol	d and agree to the term against any action brounteers by the above-	ns and conditions stated ought against Ohio Uni named Participant, inc	have read the above Agreement and Relaterin. I further indemnify Ohio University, its Board of Trustees, agents, or luding but not limited to an action broughto execute this document on behalf of the	rsity, its agents, officers fficers, and employees, ght by him or her upon
Parent/Guardia	1 Signature	Date	Minor's Date of Birth	
For Office Use Only:	Date of Activity Date Child Turns 18	+ 3 Years = Date of Destr + 3 Years = Date of D	uction Destruction (For Minors)	