

## APPLICATION/EMERGENCY CONTACT INFORMATION

Participant's Name: \_\_\_\_\_ Gender \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact Information:**

<b>1<sup>st</sup> Parent/Guardian</b> <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:
<b>2<sup>nd</sup> Parent/Guardian</b> <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: \_\_\_\_\_

## AGREEMENT AND RELEASE OF LIABILITY FORM

This release executed by the Participant on behalf of \_\_\_\_\_ [Name of Participant] with an address at \_\_\_\_\_ (“Participant”) to Ohio University, Athens, Ohio (the “University”). The term, “Participant,” 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, Participant refers to Participant and Participant’s Parent or Guardian.

In consideration of Ohio University through its \_\_\_\_\_ [NAME THE ORGANIZING UNIT/DEPARTMENT/COLLEGE] organizing and operating the \_\_\_\_\_ [NAME OF THE PROGRAM/CAMP] in \_\_\_\_\_ [CITY OF APPLICABLE UNIVERSITY CAMPUS], Ohio sponsored by Ohio University on \_\_\_\_\_, 2019, from \_\_\_ to \_\_\_ daily (“Program”) and making it available for participation by Participant and others, the Participant agrees as follows:

1. The Participant acknowledges that the Participant will participate in activities on and off of University’s \_\_\_ campus including, but not limited to: \_\_\_\_\_, [INCLUDE ALL ACTIVITIES THEY WILL BE DOING] swimming, participating in recreational and cardiovascular activities, traversing the University campus, dining in University facilities, etc. (“activities”) Activities involve strenuous exertions of strength using various muscle groups, some involve quick movements using speed and change of direction, some involve other participants or instructors, and others involve sustained physical activity that places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from: minor injuries such as scratches, bruises and sprains; to major injuries such a broken/fractured bone, eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; to catastrophic injuries including paralysis and death.

2. The Participant understands and agrees that the state of Ohio, University, its governing board, employees, agents, and volunteers: (i) are not responsible or liable for any injury, damage, loss, accident, delay or other irregularity which may occur by the defect of any vehicle or building 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 providing liability insurance for vehicles and will not be responsible for any accidents, injuries, damages, etc. in the transportation to and from the Program; (iv) are not responsible for any disruption of travel arrangements, or any consequent additional expenses that may be incurred therein; (v) 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 Participant will hold the University harmless therefrom.

3. Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Program, the Participant, on behalf of Participant, 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 Participant, 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. The Participant hereby releases the University for any liability for any medical decisions or actions and from all medical and transportation expenses incurred on behalf of or for the benefit of Participant.

4. The Participant assures the University of Participant having consulted with a medical doctor with regard to Participant's personal medical needs such that the Participant can and does further state that there are no health-related reasons or problems which preclude or restrict Participant's participation in the Program. The Participant 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 Participant 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 Participant authorizes the University and its Agents, at their discretion, to place Participant at the Participant’s expense, and without further consent by Participant or the Participant, in a hospital for medical services and treatment. The Participant hereby



## PARTICIPANT'S MEDICAL INFORMATION

Ohio University requests this information so that our Program staff can properly plan to meet the needs of Participant and if there is an emergency, to have accurate information to provide and/or seek treatment for Participant. Participant refers to: (i) if the Participant is 18 years of age or older, it refers only to Participant; or (ii) if the Participant is under the age of 18, Participant refers to the Participant and Participant's parent/guardian. All Participants must have a signed Emergency Medical Consent to participate.

Participant Name/Date of Birth: \_\_\_\_\_

Physician/Address/Phone: \_\_\_\_\_

Dentist/Address/Phone: \_\_\_\_\_

Does the Participant have any illness, special conditions, activity limitations, asthma, allergies (including food), etc. that the Program staff should be aware of?  Yes  No

If yes, identify and explain: \_\_\_\_\_

Is the Participant currently taking any medications that we should be aware of including side effects?  Yes  No

If yes, identify and explain: \_\_\_\_\_

Is the Participant taking any medications that must be administered during the Program?  Yes  No

If yes, you must also complete the *Authorization for Medication Administration form*.

Does the Participant have any relevant medical history that we should be aware of?  Yes  No

If yes, identify and explain: \_\_\_\_\_

Does the Participant need any accommodations to safely participate in the Program?  Yes  No

If yes, identify and explain: \_\_\_\_\_

Does the Participant have any limitations for attending field trips, if applicable?  Yes  No

If yes, identify and explain: \_\_\_\_\_

If the Participant has any additional information or other medical conditions or special needs that you think it is important for Program staff to be aware of, please identify and explain here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY MEDICAL CONSENT

To the best of my knowledge the Participant is capable of participating safely in the Program and that any activity restrictions, allergies, and medications are listed on this form. I give permission to Program staff to provide routine first aid care and in the event of serious illness or injury, I give Program staff permission to seek and authorize emergency medical treatment. I hold harmless and agree to indemnify the Program and Ohio University from any claims, causes of action, damages and/or liabilities arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical and transportation expenses that may derive from any injuries that Participant may incur during participation in this Program.

I understand and acknowledge that failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name, I represent that I have provided all materials and important information to the Program pertaining to Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify the Program of any changes before the Program begins.

\_\_\_\_\_  
Participant Signature (if age 18 or over)

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

**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

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

1. I hereby give my permission for authorized Program personnel to administer the below medication as directed by our physician.
2. I will send the medication to Ohio University that is not expired in the ***original container*** in which it was dispensed by the doctor or pharmacist.
3. I agree to notify the Program staff immediately if there is any change to the information below.
4. I release and agree to hold Ohio University, its governing board, officers, agents, employees, and any students acting as employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
Printed Name

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**PHYSICIAN'S ORDERS FOR THE ADMINISTRATION OF MEDICATION BY PROGRAM STAFF**

Participant is under my care and should receive 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