PERMISSION AND RELEASE FORM
SPECIAL EVENT: STUDENT TRIP, OUTINGS, and/or ACTIVITIES

NAME OF STUDENT (print): ___________________________________________ Date: __________________

As a member or guest of the University Honors Program, I will participate in the 2018 Welcome Retreat at YMCA Camp Kern in Oregonia, Ohio on August 21-22, 2018.

The risks associated with this activity include, but are not limited to: Possible injuries related to travel and camp.

Please note the following reminders:
- The UC Student Code of Conduct applies to students engaged in clubs and other student activities.
- UC rules require students to maintain Student Health insurance or other medical insurance.
- UC Student Organizations are not part of, nor do they act on behalf of, the University of Cincinnati. Do NOT assume that club members or activities are covered by UC liability insurance.

Medical information (including medications or allergies) related to medical conditions that are relevant to this event or for which I will require special accommodations (Please list person’s name):
____________________________________________________________________________________________
____________________________________________________________________________________________

In case of emergency contact: _______________________________ at telephone number: _______________

PHOTO RELEASE

I authorize the University of Cincinnati to:
(1) make and copyright photographic, audio, and/or video recordings of me;
(2) use the original recordings as production elements in subsequent media projects;
(3) use reproduce, modify, distribute, and disseminate such recordings and projects in any form, manner, or mode of electronic transmission and for any purpose; and,
(4) use my name, likeness, voice and biographical material in connection with such recordings.

I release the University from any liability for errors or omission or commission caused by image or sound editing, human error or other means. I waive the right to inspect or approve the finished projects. I certify that I provide this authorization, release, and waiver for value rendered and expect no further financial compensation. I further certify that my performance will be free from libel, slander, and copyright infringement. I revoke all my prior elections on this subject matter.

Signature of Adult Student _______________________________ Date _______________

Signature of Parent or Legal Guardian (if under 18) _______________________________ Date _______________

FOR STUDENTS EIGHTEEN YEARS OF AGE OR OLDER:

In consideration of my participation in this event, for myself, my heirs, executors, administrators and assigns, I hereby waive and relinquish any and all rights, claims, demands and causes of action which I may have and agree not to make any claim or file any lawsuit against the State of Ohio, the University of Cincinnati, its trustees, officers, employees, agents, and coaches/instructors as well as the University Honors Program by reason of my participation in the event. I also agree to indemnify the University of Cincinnati, the State of Ohio, and their employees from any damages or injuries that I may cause through my participation in this event. I have been advised of the nature of this event, including any special risks, and I agree to follow any safety instructions, and to be personally responsible for myself and my behavior.

I have read and agree to the above.

Signature of Adult Student _______________________________ Date _______________
FOR STUDENTS UNDER THE AGE OF EIGHTEEN:

I hereby give permission for my son, daughter or ward to participate in the event described above. As his/her parent or guardian, in consideration of his or her participation in the event, for myself, my heirs, executors, administrators and assigns, and on behalf of my child(ren) or ward, I hereby waive and relinquish any and all rights, claims, demands and causes of action which any of us may have and agree not to make any claim or file any lawsuit against the State of Ohio or the University of Cincinnati, its trustees, officers, employees or agents by reason of participation in the event. I am aware of the nature of this event, including any special risks, and I have advised my child or ward of the need to follow any safety instructions and to be personally responsible for his or her behavior. I also agree to indemnify the University of Cincinnati, the State of Ohio, and their employees from any damages or injuries that my child or ward may cause through participation in this event.

EMERGENCY TREATMENT AUTHORIZATION AND RELEASE

I authorize the treatment of my child or ward in the event he or she becomes ill or is injured while participating in the event. Although an effort will be made to contact parent(s) or guardian, I hereby authorize medical treatment, including hospitalization or surgery, in the event I cannot be reached.

I have read the above and agree on behalf of myself and/or my child or ward.

__________________________________________ ________________
Signature of Parent or Legal Guardian   Date
ACKNOWLEDGEMENT OF RISKS

Although precautions are taken to provide proper organization for your participation in our program, there can be no guarantee about absolute safety against injury and unforeseeable accident. There are elements of risk in any adventure, sport, or program involving physical exertion and risk taking, or associated with the outdoors (referred to herein as “activity”), and the use of any equipment for the activity. I understand that I may be involved in activities including, but not limited to problem-solving, team building initiatives, ropes course, and/or other physical activities. I acknowledge that I may decline to participate in any activity. Any participation will be voluntary.

ACKNOWLEDGEMENT OF RISKS: I recognize the fact there is an inherent danger in any activity which involves physical exertion or risk taking; that natural hazards do exist; that although the program may be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity; that balance and physical coordination may affect the occurrence of accidents or falls, and that I should ask about other potential hazards and recommend precautions and procedures.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participation in the activity and/or using equipment. I/we participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illnesses, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

I assume the risk(s) of personal injury, accidents, and/or illness, including but not limited to, sprains, torn muscles, and/or ligament; fractured or broken bones; eye damage; cuts, wounds scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck and/or spinal injuries; animal or insect bite or attack; injury caused by discharge or any weapon; shock, paralysis and/or death; and acknowledge that during the activity, if I/we experience fatigue, chill and/or dizziness, it may diminish my/our reaction time and increase the risk of an accident.

I CONSENT to the use of photos, video, audio recording, and film of my participation in activities at YMCA CAMP KERN for marketing, educational, or other purposes.

COVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate any activity due to forces of nature, medical necessities or other problems; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I will have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

RELEASE: In consideration of services or property provided, I for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns do hereby release” YMCA CAMP KERN its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property and activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

Group Name: University Honors Program - University of Cincinnati
Participant Name: ____________________________
Participant Signature: ________________________ Date: ________________________
Email Address: ________________________________

If participant is under 18, a parent/guardian’s signature is required.
Parent/Guardian: _____________________________

MEDICAL RESTRICTIONS:

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