



Parental/Guardian Release, Consent, and Permission Form with the University of Rochester

I, the undersigned, am the parent or guardian of _____ (name of minor under the age of eighteen) (the "Minor"). I am signing this Parental/Guardian Release, Consent, and Permission Form with the University of Rochester (the "Agreement") for the Minor to participate in _____ (the "Program"). I am aware that this Agreement includes the following sections: (1) Description of Program; (2) Consent and Permission for Minor to Participate, Assumption of Risk; (3) Release and Waiver of Liability, Promise Not to Sue the University; (4) Adherence to Program Rules of Conduct; (5) Medication/Medical Emergencies; and (6) Photograph, Video/Audio Permission and Release.

In consideration for the Minor's voluntary participation in the Program, I acknowledge that I have read this Agreement with the University of Rochester (the "University") in its entirety and expressly accept and agree to each term and condition in the Agreement. PLEASE INITIAL WHERE INDICATED.

1. Description of Program (completed by Program Administrator):

Program Name: _____ Program Location: _____

Program Start Date: _____ Program End Date: _____

Brief Description of Program: _____

Program Administrator Name: _____ Program Administrator Phone Number: _____

Will Program Participants stay overnight in University Housing? Yes ___ No ___

Will Program Participants have one-on-one contact with an adult Program Authorized Person? Yes ___ No ___

2. Consent and Permission for Minor to Participate, Assumption of Risk: I consent to and give permission for the Minor to participate in the Program, described above, and I acknowledge that the Minor's participation in the Program is completely voluntary. I am aware, have carefully considered, and understand that the Program involves activities that pose potential dangers, hazards, and risks of injury or illness to the Minor, including risks that may include personal injury, pain, suffering, temporary or permanent disability, death, and/or property damage. Despite these dangers, hazards, and risks, I acknowledge that I am knowingly permitting the Minor to participate in the Program, and I agree to accept and assume any and all risks of injury, illness, disability, death, and/or property damage, foreseeable or unforeseeable, arising out of, associated with, or related in any way to the Minor's participation in the Program. **Initials:** _____

If applicable based on Program Description:

I specifically give consent and permission for the minor to: reside overnight in University housing. **Initials:** _____

I specifically give consent and permission for the minor to have one on one contact with an adult supervisor in the Program, as is necessary for aspects of the Program. **Initials:** _____

3. Release and Waiver of Liability, Promise Not to Sue the University: I AGREE TO FULLY RELEASE, HOLD HARMLESS, AND PROMISE NOT TO SUE THE UNIVERSITY OF ROCHESTER, ITS AFFILIATED ENTITIES, AND THE UNIVERSITY'S AND ITS AFFILIATED ENTITIES' OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, VOLUNTEERS, AND ANY OTHERS ACTING PURSUANT TO ITS AUTHORITY FOR ANY AND ALL CLAIMS, CAUSES OF ACTION, SUITS, DEMANDS, DAMAGES, LOSS, INJURIES, OR LIABILITY OF ANY KIND WHATSOEVER, WHETHER KNOWN OR UNKNOWN, FORESEEABLE OR UNFORESEEABLE, ARISING OUT OF, ASSOCIATED WITH, OR RELATED IN ANY WAY TO THE MINOR'S VOLUNTARY PARTICIPATION IN THE PROGRAM, WHETHER CAUSED BY THE ORDINARY NEGLIGENCE OF THE UNIVERSITY OR OTHERWISE. **Initials:** _____

4. Adherence to Program Rules of Conduct: I acknowledge that I have read and understand the Program Rules of Conduct, and that I have reviewed the Program Rules of Conduct with the Minor prior to the Minor's participation in the Program, including those provisions explaining potential discipline in the event of non-compliance with the Program Rules of Conduct. I understand that the Minor must always adhere to the Program Rules of Conduct in order to participate in the Program, and I assume responsibility for any conduct of the Minor that violates the Program Rules of Conduct. **Initials:** _____

5. Medication/Medical Emergencies: I have conveyed to the Program Sponsor or their designee the prescribed and/or over-the-counter medications that they are permitted to provide the Minor during the Program. In case of sudden illness or an event requiring immediate medical attention during the Program, I consent to the Program Sponsor or their designee taking such action as seems appropriate under the circumstances to protect the health and well-being of the Minor, including obtaining or providing necessary care or treatment and/or transporting the Minor to an appropriate medical facility. I personally accept financial responsibility for the full amount of any expenses incurred in connection with such care, treatment, or transport. I ALSO WAIVE AND RELEASE THE UNIVERSITY AND ANY OTHERS ACTING PURSUANT TO ITS AUTHORITY FOR ANY CLAIM BASED ON THE CARE, TREATMENT, OR OTHER MEDICAL SERVICES PROVIDED TO THE MINOR DURING THE PROGRAM UNDER THIS SECTION OF THE AGREEMENT. **Initials:** _____

6. Photograph, Video/Audio Permission and Release: I do or do not give the University and anyone acting on its behalf permission to take, edit, and use photographs and video/audio recordings of the Minor during the Program, and to use those photographs and recordings, together with the Minor's name, biographical information or any statements/quotes the Minor gives about the Program, for any and all lawful purposes that the University and any others acting pursuant to its authority deem appropriate (including without limitation news, informational, educational, advertising, or promotional purposes). This includes use in any and all media now known or later developed (including without limitation print media, electronic media, social media, video, audio, television, radio, publications, websites, or the internet). I understand that the photographs and recordings of the Minor may be altered, edited, or modified, and I hereby waive any right of inspection or approval of any final product that uses this material. I also acknowledge and agree that neither I nor the Minor have any right or claim to any compensation arising out of or in connection with any taking or use of photographs and recordings. AND I WAIVE AND RELEASE THE UNIVERSITY AND ANY OTHERS ACTING PURSUANT TO ITS AUTHORITY FOR ANY CLAIM BASED ON THE TAKING OR USE OF PHOTOGRAPHS AND RECORDINGS OF THE MINOR UNDER THIS SECTION OF THE AGREEMENT. **Initials:** _____

By signing below, I acknowledge that I have read this Parental/Guardian Release, Consent, and Permission Form with the University of Rochester in its entirety, that I understand each provision contained in this Agreement, that I am executing this Agreement voluntarily and after sufficient time for consideration, and that this Agreement is to be binding upon myself and any other person acting on my behalf.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

Print Name of Minor: _____