

THE UNIVERSITY OF MEMPHIS

PROGRAM PARTICIPATION AND PARENTAL CONSENT

Participant Information

Full Name of Child (First/Middle/Last): _____

Date of Birth: ____/____/____ Gender: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Alternate Phone: () _____

Required Emergency Medical Information

Health Insurance: Y N Company: _____ Policy #: _____

Primary Insured: _____

Family Physician: _____ Office Phone: () _____

Emergency Contact(s)

Emergency Contact #1: _____ Relation: _____

Home / Work Phone: () _____ Cell Phone: () _____

Emergency Contact #2: _____ Relation: _____

Home / Work Phone: () _____ Cell Phone: () _____

Parent Information

Name of Parent/Legal Guardian: _____

Address (if different than Participant): _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Alternate Phone: () _____

Email Address: _____

Media Release

I hereby authorize the University of Memphis and those acting pursuant to its authority to: record my Child's likeness and voice in any medium; use my Child's name in connection with those recordings; and use, reproduce, exhibit, or distribute in any medium these recordings for any purpose that the University deems appropriate, including promotional or advertising efforts, without payment of fees, royalties, special credit, or other compensation.

I release the University from liability of any violation of any personal or proprietary right I or my Child may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University.

Assumption of Risk

I realize and appreciate the risks in allowing my Child to participate in the program sponsored by the University of Memphis. These risks may include personal and/or economic harm, as well as harm to property. I further realize that these risks may be presently known and unknown, but I have chosen to allow my Child to participate in the program. Therefore, I, on behalf of my Child, voluntarily accept

and assume all risk of injury, loss of life, or damage to property arising out of training, preparing, participating, and traveling to or from the program.

Exculpatory and Indemnification Clause

I, on behalf of my Child, hereby release the University of Memphis, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Event Staff, and all other officers, directors, employees, volunteers and agents from any and all liability as to any right of action that may accrue for any injury to my Child or loss that my Child may suffer while training, preparing, participating, and/or traveling to or from the program.

I, on behalf of my Child, further release, indemnify, and hold harmless the University from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever. I understand that the University accepts no responsibility for my Child's personal property.

Medical Acknowledgment and Consent

I recognize that there may be occasions where my Child may be in need of first aid or emergency medical or dental treatment as a result of an accident, illness, or other health condition or injury. I hereby give my consent/authority for Program Staff to administer or obtain the necessary emergency medical treatment for my child with the understanding that I will be notified as soon as possible. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

SIGNATURE REQUIRED: I have read, understood, and freely agreed to the information above.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: ____/____/____