

**THE UNIVERSITY OF MEMPHIS**

**PROGRAM PARTICIPATION AND PARENTAL CONSENT**

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**Participant Information**

Full Name of Child (First/Middle/Last): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_      Gender: \_\_\_\_\_      Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_      Alternate Phone: (    ) \_\_\_\_\_

**Parent Information**

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address (if different than Participant): \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_      Alternate Phone: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**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: (    ) \_\_\_\_\_

**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.

**Transportation**

During the program, your child may have opportunities to engage in activities, some of which involve travel to off-site events. Transportation options may vary by activity and specific details will be provided at the time of each activity and are incorporated into this document by reference. Your signature on this document signifies your permission for your child's participation in such activities. By signing below, you acknowledge that you, on behalf of your child, assume the risks involved and acknowledge that such risks may include, but are not limited to, bodily injury and/or death and/or property damage, and hereby collectively and individually release and agree to hold harmless the University, its employees, volunteers, agents, and trustees from all rights,

claims, demands and damages of any kind, known or unknown, existing or arising in the future resulting from or related to travel to and participation in off-site activities.

**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 employees, volunteers, agents and trustees 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 agree to the information above.***

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

<p><b>Program Use Only</b></p> <p>Participant Name: _____</p> <p>Program Session: _____</p>
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