

**Participant Forms: Consent & Waiver & Parent Release & Release of Liability
University Of South Carolina**

Please print or type:

PROGRAM: _____ DATES: _____

PARTICIPANT'S FULL NAME: _____

GRADE: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

Street

Apartment/Unit #

City

State

Zip Code

PHONE NUMBER: _____ CELL PHONE: _____

CONSENT AND WAIVER

In consideration of my child, the Participant, being permitted to participate in the above Program, I, and on behalf of my Child, agree and understand that:

1. My Child will abide by all the rules, guidelines, regulations, and code of conduct of USC and/or host/site location requirements;
2. My Child may be asked to leave the Program if I or my Child do not abide by the rules, regulations, and code of conduct of USC and/or host/site location requirements;
3. Program staff have the sole authority to make decisions regarding my Child's continued participation if my Child's conduct or the circumstances warrant removal, dismissal, expulsion, discipline or other action including return to home base or permanent residence at my sole expense, without notice to me, and the forfeiture of funds, deposits or fees;
4. My Child's participation in this program is voluntary and not in the capacity as a representative or employee of USC;
5. I recognize that my Child's participation in the program, including field trips and transportation to and from activity sites, carries with it risks, including, but not limited to, criminal acts, injuries, illness, death, paralysis, property losses and other damages that cannot be eliminated regardless of the care taken;
6. I have investigated the risks involved in this program and I freely assume the risks and consent to my Child's participation;
7. I further declare that my Child is fit and capable of participating in the program.

Further, I, and on behalf of my Child, agree to

8. Attend all required meetings and orientation sessions;
9. Complete and timely submit all necessary forms and paperwork;
10. Timely pay any necessary deposits or fees;
11. Confirm that my Child has medical and health insurance coverage while participating in the Program;
12. Certify that I have read, understand and agree to all terms of the consent and declaration of prescription medications, over the counter drugs, and health or medical monitoring devices policy listed in the Participant Guide, and am the parent/legal guardian with the authority to provide the authorization and consent and declaration of prescription medications, over the counter drugs, and health or medical monitoring devices terms and conditions forms;
13. Give the Program staff the permission, in case of accident or injury, to administer standard First Aid/or to arrange for transportation to a medical facility;
14. Be solely and completely liable for any expenses incurred on my or my Child's behalf, including, but not limited to, medical or health care expenses;

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15. Advise USC Program staff and/or host/site administrators of any situation or conditions that may be a potential hazard or risk.

PHOTO RELEASE

16. Give USC, its agents, employees, servants, assigns, and successors, without expectation of value permission to
- a. Record my Child’s likeness and appearance on video tape, audio tape, film, photograph and any other medium; and
 - b. Use my Child’s name, likeness, voice, and biographical material in connection with these recordings and
 - c. Exhibit, copy or distribute such recording in whole or in part without restrictions or limitations for any educational or promotional purpose or advertisement campaigns which the University of South Carolina, and those acting pursuant to its authority, deem appropriate.

PARTICIPANT RELEASE

I, furthermore, agree that my child can only be released to the following individual(s) during the USC PROGRAM:

*Parents/Guardians: Please include YOUR names as well as any others authorized to whom we may release your child. **Please do not ask us to rely on a verbal permission.***

Name	Relationship to Child
1.	
2.	

My child CANNOT be released to the following individuals:

Name	Other Information
1.	
2.	

Please attach court or legal documents as appropriate.

WAIVER AND RELEASE OF LIABILITY

Further, in consideration for my Child being permitted to participate in the PROGRAM, I, as the natural parent and/or as the legally authorized guardian, do hereby for myself, my family, heirs, personal representatives, and assignees, agree not to sue, AND I release, waive, discharge, hold harmless and indemnify, and forever defend the State of South Carolina, the University of South Carolina, its members of the Board of Trustees individually and collectively, its officers, employees, servants, agents, and directors, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in whatever equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property or other losses, and any consequences thereof, including expenses, costs, and attorney’s fees, as may be sustained by my Child or me arising out of or in any way associated with my Child's participation in the PROGRAM, or Field Trips, or travel incident thereto.

I warrant I am the parent or authorized legal Guardian of the Participant and I warrant I am 18 years of age or older. I have carefully reviewed, and I agree to the terms of this entire document.

Participant Signature

DATE: _____

Parent/Guardian Signature (required)

DATE: _____

Witness Signature

DATE: _____

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HEALTH AND EMERGENCY INFORMATION FORM

Please print or type:
PROGRAM: _____ DATES: _____
PARTICIPANT'S FULL NAME: _____
GRADE: _____ DATE OF BIRTH: _____
HOME ADDRESS: _____
Street _____ Apartment/Unit # _____
City _____ State _____ Zip Code _____
CELL PHONE: _____ LAST FOUR SSN: _____

HEALTH/SPECIAL NEEDS INFORMATION (Attach additional sheets as necessary to fully respond to the following questions.

- 1.1 Does your child have any allergies that we should know about prior to emergency treatment?

- 1.2 Does your child have any chronic conditions/illness that we should know about prior to emergency treatment?

- 1.3 Does your child have any disability/special needs (visual, hearing, physical, psychological, unable to climb stairs without assistance) which requires special attention or special accommodation? If yes, please explain:

MEDICAL AUTHORIZATION

2.1 Medications (check all applicable boxes)

- 2.1 a** - My child/participant is currently not taking any medications.

- 2.1 b** - My child/participant is currently taking medications. For my child to participate in the described Program, I understand that all controlled substances and medications must be disclosed and all medications (except birth control prescriptions, emergency inhalers (such as for asthma) and emergency injectors for anaphylaxis (such as EpiPen) must be turned in with the proper documentation to a counselor at check-in. *I understand the medication prescribed by the Physician will be kept in a secure location by the staff while my child/participant is participating in the program. It is my child's/participant's responsibility to obtain the medication from the staff and take the medication as directed by the Physician.*

If box 2.1 b is checked, a medical log form must be completed/or each medication or device. Make additional copies as needed.

Prescription	Dosage	Doctor	Special Instructions
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2.1 c - In accordance with University policy, I grant permission for my child/participant to be in possession of the following medications (birth control prescriptions, emergency inhalers such as for asthma, emergency injectors such as for anaphylaxis such as EpiPen and/or over-the-counter drugs or health or medical monitoring devices. *Make additional copies as needed.*

<i>Prescription</i>	<i>Dosage</i>	<i>Doctor</i>	<i>Special Instructions</i>
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2.2 The University of South Carolina is authorized to provide or to arrange or any medical treatment my child may need during the course of this program. I understand and agree to be responsible for any and all costs associated with such services.

2.2a In such an event of illness or injury, I wish to be contacted at the following telephone numbers:

HOME: _____
 WORK: _____
 MOBILE: _____
 OTHER: _____

2.2b In addition to authorizing medical care, I hereby certify that any charges related to the medical care given to my child/participant will be borne by me. The insurance company and policy information that covers my child is as follows:

INSURANCE CARRIER: _____
 POLICY HOLDER: _____
 POLICY NUMBER: _____

 Parent/Guardian Signature (required)

 Date

 Participant Signature

 Date