

Instructions:

Please read and complete all parts of the form below (2 pages).

Email the completed form to und.chem.outreach@ndus.edu by July 15, 2024



PARENT’S OR GUARDIAN’S AGREEMENT OF WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

To be signed by adults if the participant is under 18 years of age.

Acknowledgment and Assumption of Risk

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers and the risks to the participant’s person and property involved in participating in:

I understand that this activity involves certain risks for physical injury, including, but not limited to:

The undersigned parent and/or legal guardian and participant understand that this activity involves certain risks for physical injury to the participant. We also understand that there are potential risks of which may presently be unknown. Because of the dangers of participating in this activity, the undersigned parent and/or legal guardian and participant recognize the importance and the participant agrees to fully comply with the applicable laws, policies, rules and regulations, and any supervisor’s instructions regarding participation in this activity.

The undersigned parent and/or legal guardian and participant understand that the University of North Dakota does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the University of North Dakota has no responsibility or liability for injury resulting from this activity.

The undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.

Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

a. waives, releases, and discharges the University of North Dakota and its agencies, officers, and employees from any and all liability for the participant’s death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant’s estate as a direct or indirect result of participation in the activity or event; and

b. agree to defend, indemnify, and hold harmless the University of North Dakota, its agencies, officers and employees, from and against any and all claims of any nature including all costs, expenses and attorneys’ fees, which in any manner result from participant’s actions during this activity or event.

Consent is given for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and/or remedies which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

This waiver may be executed by original, facsimile, or electronic signatures, each of which shall be deemed to be an original and binding upon the signer.

READ BEFORE SIGNING

Name of Minor: _____

Age of Minor: _____

Signature of Parent/Guardian: _____

Date _____

Printed Name of Parent/Guardian: _____

Date _____

Witness: _____

Date _____

(To be retained by originating department)



**YOUTH INFORMATION FORM
FOR SUMMER CAMP IN CHEMISTRY 2023**

Name of Participant: _____

Please initial if your youth is free to leave the premises on his/her own at the end of the day. _____

If you are not comfortable with your youth leaving the premises on his/her own, please name the individual(s) to whom your child will be released:

Name Phone #

Name Phone #

In the event your child becomes ill, whom shall we contact?

Name Phone #

Is there another individual we may contact in the event of an emergency?

Name Phone #

In the event of a medical emergency, may we seek medical help for your child?

Please initial: YES _____ NO _____

Who is your child's primary physician? _____

Name

Phone #

Does your child have any allergies or medical conditions of which we should be aware? YES NO

If yes, please specify: _____

Legal Guardian's Signature: _____ **Date:** _____