

I (name of parent/custodial parent/legal guardian of participant under age 18) \_\_\_\_\_ ,  
the parent/custodial parent/legal guardian of (name of participant) \_\_\_\_\_ ,  
request that my child be allowed to participate in the Summer Institute “Beauty Will Save the World  
June 25 through 30, 2017.

I understand that as part of the Activity, my child may participate in various indoor and outdoor educational and recreational activities. I understand that such activities may expose my child to certain associated risks in addition to those normally associated with a classroom environment, and understanding such risks, hereby consent to my child’s participation in all Camp activities. I agree and warrant that my child will take part as a participant and that if my child considers any activity to be unacceptably hazardous or dangerous, that my child will notify the proper authority in charge of said activity and will refuse to take part until the condition has been corrected to my child’s satisfaction.

I further understand that I, or my child, will be required to follow all rules of conduct for the Activity and all rules of the University of Saint Francis, and will abide by all rules, direction, and instructions received from any representative, agent, administrator, employee, or volunteer of the University of Saint Francis at all times.

In consideration of my, or my child’s, being permitted to participate in the Activity, on behalf of myself, or my child, my spouse, my personal representatives, heirs, and assigns, I hereby release the University of Saint Francis, its representatives, agents, administrators, employees, and volunteers from, and waive, any and all suits, actions, claims, judgments, liability for any injury, whether personal or property, that I, my child, my personal representative, estate, spouse, heirs, or assigns now have, ever had, or may have due to participation in the Activity that are attributable to the fault of myself, my child, or any third party, and to the extent permitted by law, the University of Saint Francis, its representatives, agents, administrators, employees, and volunteers.

I understand that by signing the Release and Waiver of Liability, I give up substantial rights, and I herein represent that I have signed it freely and voluntarily, and that it constitutes a release and waiver of all claims of liability to the greatest extent permitted by law.

I agree to indemnify and hold harmless the University of Saint Francis, its representatives, agents, administrators, employees and volunteers from and against any and all loss, costs, damages, or expenses including but not limited to attorney fees incurred by the University of Saint Francis arising out of any act by me or my child during my or his/her participation in the Activity.

\_\_\_\_\_  
(Print Participant's Name)

\_\_\_\_\_  
(Print Parent/Custodial Parent/ or Legal Guardian of  
Participant Under Age of 18, If Applicable)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, ZIP)

\_\_\_\_\_  
(Primary Telephone Number)

\_\_\_\_\_  
(Signature of Participant/Parent/Custodial Parent  
or Legal Guardian)

**PRIMARY EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

**SECONDARY EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

I agree to permit my or my child's photograph or likeness to be used by the University of Saint Francis for any legitimate purpose. \_\_\_\_\_ (Initial to accept)

Name of Student: \_\_\_\_\_

Health information will be kept confidential and used only for medical purposes in the case of an emergency for this Activity only.

**ALLERGIES**

Allergies to Medications \_\_\_\_\_

Are any life-threatening? \_\_\_\_\_ Does the camper wear an allergy ID band?  YES  NO

Food Allergies \_\_\_\_\_

Is the camper allergic to bee/insect stings? \_\_\_\_\_ If yes, does he/she carry an epi-pen? \_\_\_\_\_

Other Allergies \_\_\_\_\_

**MEDICAL CONDITIONS**

Does the student have any medical condition that requires special precautions or treatment? \_\_\_\_\_

If yes, please list (for example, diabetes, epilepsy, high blood pressure, heart disease, pulmonary disease such as emphysema or bronchitis, asthma, cancer, medication-dependent depression or anxiety):

Medications and dosage for above conditions: \_\_\_\_\_

As used herein: "ACTIVITY DIRECTOR(S)" shall include employees, staff, and any other official representative of the University of Saint Francis. "UNDERSIGNED" shall be the father and/or mother, or the guardian of the PARTICIPANT who is under the age of eighteen.

In the event that emergency medical treatment is required for the PARTICIPANT while PARTICIPANT is under the control and direction of the ACTIVITY DIRECTOR(S), and if consent is a requisite to any such treatment, the UNDERSIGNED hereby grant to the ACTIVITY DIRECTOR(S) the right to give consent for such treatment for the PARTICIPANT on behalf of the UNDERSIGNED. Said consent may be granted or withheld by the ACTIVITY DIRECTOR(S) as each of them, in their sole direction, shall determine. The UNDERSIGNED hereby waive any and all claims, which they may have against the ACTIVITY DIRECTOR(S) arising from the granting or the withholding of the aforesaid consent.

In the event that emergency medical treatment is provided to the PARTICIPANT, the UNDERSIGNED hereby authorize the ACTIVITY DIRECTOR(S) and/or any other entity providing medical services or material in conjunction with emergency medical treatment, to seek payment for said services or material and assigns any medical insurance benefit for same services or material to the University of Saint Francis from the PARTICIPANT's insurers.

PARENT(S) or GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_