



CHILDREN ON CAMPUS

PARTICIPATION AGREEMENT AND WAIVER FORM

PROGRAM/CAMP INFORMATION

Parents and legal guardians are responsible for carefully reviewing all program materials and for selecting programs that are appropriate for their child. Information regarding University of Michigan sponsored programming for children and teens is available at childrenoncampus.umich.edu.

Program/Camp Name: _____ (hereafter "Program")

Date(s): _____

Location: _____

PARTICIPANT INFORMATION

Participant Name: _____ (hereafter "Participant")

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

PARTICIPATION AGREEMENT AND WAIVER

I understand that my child's participation in the Program is voluntary and that as a condition of my child's participation, I agree to comply with all Program requirements including, but not limited to: (a) accurately completing all registration forms in a timely manner, (b) ensuring that my child is aware of the Program's standards of conduct; (c) and immediately notifying the Program Administrator of any concerns related to the health, safety or security of my child, other participants, or Program staff.

I understand that as part of my child's participation in the Program that there are dangers, hazards and inherent risks to which my child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Program may involve risks and dangers, both known and unknown, and I have chosen to allow my child to take part in the Program. Therefore, I, and on behalf of my child, have determined that it is reasonable to accept all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to or from the Program and I do voluntarily accept and assume those risks. I release the University of Michigan, its Board of Regents, Administration, Faculty, Staff, Graduate Students, and all other officers, directors, employees, volunteers and agents from any claims or liability arising from my child's participation in the Program, provided that such claim is not due to the gross and sole negligence of the released parties.

In the event of an accident or serious illness, I authorize representatives of the University to obtain medical treatment for my child. I hold harmless and agree to indemnify the University from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Activity.

I also agree to indemnify the University and all of its employees and agents from any financial obligations or liabilities that my child may cause while participating in the Program, including attorney's fees and court costs resulting from his/her misconduct, errors, or omissions. I acknowledge that University employees have undergone criminal background checks, but other participants of the event may not have undergone background check screening. As such, the University makes no assertions or assurances with respect to other participants.

This Agreement is governed by and construed under the laws of the State of Michigan without regard for principles of choice of law. Any claims, demands, or actions arising under this Agreement must be brought in the Michigan Court of Claims or a court with applicable subject matter jurisdiction sitting in the state of Michigan and I consent to the jurisdiction of a Michigan court with appropriate subject matter jurisdiction.

TRANSPORTATION AUTHORIZATION

I give permission for the University of Michigan to provide transportation of my child as a participant in the program, to and from all events under the supervision of program staff. I understand that University of Michigan leased vehicles will be used to transport my child to

I agree that the terms and conditions of this Agreement are binding on my representatives, heirs and assigns.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:



CHILDREN ON CAMPUS

MEDICAL AUTHORIZATION TO TREAT

UNIVERSITY SPONSORED PROGRAMS

The University of Michigan requests this information so that the Program staff can properly plan to meet the needs of each participant and, in case of emergency, that we have accurate information to provide and/or seek appropriate treatment for Participant. You are responsible for providing accurate and complete information.

All Participants must have up-to-date immunizations in order to participate in any university-sponsored program.

Program/Camp Name: _____ (hereafter "Program")

Date(s): _____

Location: _____

GENERAL INFORMATION

Participant Name _____ (hereafter "Participant")

Street Address _____ City _____ State _____ Zip _____

Home Phone _____

Date of Birth / / Gender Male Female

INSURANCE INFORMATION

Do you have health/accident insurance? YES NO

If yes,
Company Name / Address _____

Policy # _____

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM

The University of Michigan does not offer any form of health, liability or other types of insurance for the participant while participating in the Program.

MEDICAL INFORMATION

It is recommended that you consult with your child's physician before allowing your child to participate in this Program. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's Name

Phone Number

Physician's Address

Date of most recent tetanus toxoid immunization (DTaP, TD)

For the following, provide response and explain as appropriate:

Does participant have any limiting medical conditions that you or your doctor feel may limit Program participation? YES NO

If yes, identify and explain:

Is participant currently taking medication that may interfere with ability to safely participate in Program? YES NO

If yes, identify and explain:

Is the participant taking any medications that must be administered during the Program? YES NO

If yes, identify and explain:

Does participant have a history of allergies or reactions to medications, foods, insect stings, or plants? YES NO

If yes, identify and explain:

Does participant have a history of, or currently suffer from, medical condition(s) about which we need to be aware? YES NO

If yes, identify and explain:

Does the participant need any accommodations to safely participate in the Program? YES NO

If yes, identify and explain:

If Participant has any other medical condition or special needs that you think is important for Program staff to know about, please include that information here.

Other Information:

AUTHORIZATION FOR MEDICAL CARE

To the best of my knowledge, my child/participant is capable of participating safely in the Program and that any activity restrictions, allergies, medications are listed on this form.

I give permission to Program staff to provide routine first aid care and in the event of serious illness or injury, I give Program staff permission to seek and authorize emergency medical treatment. I hold harmless and agree to indemnify the Program and the University of Michigan from any claims, causes of action, damages and/or liabilities arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses, that may derive from any injuries to my child that may occur during his/her participation in this Program.

I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name, I represent that I have provided all materials and important information to the Program pertaining to Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify the Program of any changes in my mental, physical or medical condition before the Program begins.

Parent/Legal Guardian Name:

Signature:

Work Phone:

Cell Phone:

Date

Parent/Legal Guardian Name:

Signature:

Work Phone:

Cell Phone:

Date

EMERGENCY CONTACT INFORMATION

List at least two and up to four individuals who may be contacted in case of emergency involving your child. Each person listed should be reachable by telephone and able to make decisions on behalf of your child if a parent and legal guardian cannot be reached. If necessary, an emergency contact should be able to come to the Program site and pick up your child.

Emergency Contact #1 Name

Home Phone #

Work Phone #

Cell Phone #

Relation

Emergency Contact #2 Name

Home Phone #

Work Phone #

Cell Phone #

Relation

Emergency Contact #3 Name

Home Phone #

Work Phone #

Cell Phone #

Relation

Emergency Contact #4 Name

Home Phone #

Work Phone #

Cell Phone #

Relation
