

Minors on Campus Participant Code of Conduct

Participant Name: _____

Parent/Guardian Name: _____

Program/Activity Name: _____

This Code of Conduct is to ensure the safety and well-being of all participants in a Program/Activity hosted at or by Augusta University. It applies to all participants including minors and their parents/guardians.

Requirements:

- Respect and adhere to Program/Activity rules and guidelines including all those specific to this event or activity. **[Attach Program specific rules and guidelines, if applicable].**
- Follow all instructions and directives given by Program/Activity Staff.
- Act in a courteous manner and treat participants, parents, volunteers, staff, and others with respect. Appropriate language and behavior are expected at all times.
- Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.
- Obey University policies and local, state and federal laws.

Participants who fail to adhere to this Code of Conduct are subject to a range of disciplinary actions. When appropriate, immediate corrective action will be taken to ensure the safety and welfare of all participants. Failing to adhere to this Code of Conduct may subject participants to disciplinary action, up to and including removal from the Program/Activity and future Programs/Activities offered at Augusta University.

PARENT/GUARDIAN & PARTICIPANT ACKNOWLEDGEMENT AND AGREEMENT

I understand that as a condition for participating in the Program/Activity I must comply with the Program/Activity's rules and standards of conduct and follow all reasonable direction of the Program/Activity Staff. Failure to comply with the Program/Activity's rules and standards of conduct or failure to comply with the reasonable direction of Program/Activity Staff may result in my being dismissed from the Program/Activity and impact my ability to participate in future Programs/Activities.

Participant's Signature

Date

I understand that my child will be subject to the rules and standards of conduct of the Program/Activity and the University System of Georgia. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program/Activity Staff may result in my child's dismissal from the Program/Activity. I accept responsibility for all costs associated with removing my child from the Program/Activity, including but not limited to transportation costs to return my child home. I understand that dismissed Participants are not eligible for a refund of any fees or expenses and may not be eligible to participate in future Program/Activities.

Parent/Guardian Signature

Date

Participation Agreement and Waiver Form

PROGRAM/ACTIVITY INFORMATION

Program/Activity Name _____
Date(s) _____
Location _____

PARTICIPANT INFORMATION

Name _____
Address (include city/state/zip) _____
Phone _____
Date of Birth _____
Gender _____

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

I (Name) _____, the parent or legal guardian of the Participant, (Name) _____, for the sole consideration, the sufficiency of which is hereby acknowledged, of the right to participate in the event or program described as Program/Activity Name (the Program), do hereby agree to the following relating to the Program.

I fully and voluntarily consent to my child's participation in the Program. I hereby acknowledge my awareness that participation in the Program may expose me/my child(ren) to risk of property damage, bodily or personal injury. Participation could include certain physical activities such as Lifting, crossing streets, parking lots and intersections. I understand that the risks that I/my child may encounter include, but are not limited to transportation accidents, injury from falls, injury in inclement weather, bumps, bruises, cuts and abrasions, muscle strains and sprains, and exposure to contagious diseases which may cause death, as well as other risks that may not be foreseeable. I knowingly and freely assume any and all such risks.

In exchange for being allowed to participate in the Program, I hereby release and forever discharge and agree to indemnify Augusta University, the Board of Regents of the University System of Georgia, its members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in the Program. I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against Augusta University, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I understand that as a state agency, Augusta University is exempt from licensing by the Georgia Department of Early Care and Learning for minors programs.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

PHOTO AND MEDIA RELEASE

PROGRAM/ACTIVITY INFORMATION

Program/Activity

Name _____

Date(s) _____

Location _____

PARTICIPANT INFORMATION

Name _____

Address (include
city/state/zip) _____

Phone _____

Date of Birth _____

Gender _____

Photo and Media Release

_____ Yes, I (Name)_____, the parent and/or legal guardian of _____, the Participant, hereby give the Augusta University, and the Board of Regents of the University System of Georgia, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and voice in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I understand and agree that my/my child's image will become part of the Augusta University's photograph file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without

further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image or any finished materials that incorporates the image. I further release, discharge, and agree to waive the Augusta University, and the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof. I further acknowledge and agree that the Augusta University and the Board of Regents of the University System of Georgia and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

_____ No, I do not grant permission for my/my child's image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Medical Information Form and Authorization for Medical Care

Program/Activity Name _____

I. Basic Personal Information (please print)

Today's Date: ____ / ____ / ____

Child's Name: _____

Age: _____

Local Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone Number: _____ **Work Phone Number:** _____

Home Phone Number: _____

Height: _____ **Weight:** _____

II. Emergency Contact Information

Person to notify in case of emergency: _____ **Relationship:** _____

Contact's Phone Number(s): (____) _____, (____) _____

Contact's Address: _____

City: _____ **State:** _____ **Zip:** _____

Family Physician: _____ **Phone Number:** (____) _____

Insurance Provider: _____ **Phone Number:** (____) _____

Insurance subscriber (parent) name: _____

Subscriber (parent) date of birth: _____

Policy Number: _____

(Note: The institution does not offer any form of health, liability, or other types of insurance for participants. Please attach a copy of the front and back of your insurance card with this form.)

III. Medical Information

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.)

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.)

List any medications your child is currently taking, their purpose, dosage, and times taken:

Does your child need any accommodations to safely participate in the program/activity? If yes, please explain or contact _____.

Does your child require any assistance with his or her medications? If so, please explain:

Last tetanus shot date: _____

IV. *Authorization for Medical Care*

I understand that my child is voluntarily participating in an Augusta University program/activity. By signing this form I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program/activity. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program/activity. I agree to notify the program/activity of any changes in my child's mental, physical, or medical condition before the program/activity begins.

I understand that Augusta University does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in this program/activity. In the case of accident or illness, I hereby authorize the program/activity staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the program/activity, Augusta University, and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program/activity.

Name of Participant: _____ **Date:** ____/____/____

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____

Work Phone: _____ **Cell Phone:** _____