

UNIVERSITY OF UTAH: YOUTH EDUCATION PROGRAM

**IMPORTANT: THIS IS A LEGAL DOCUMENT,
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.**

This Agreement must be completed by the Participant and by Parent(s)/Legal Guardian in order to participate in the activities associated with this program.

Participant (print full name): _____

Class or Camp Name: _____

MINOR PARTICIPANT INFORMED CONSENT

I, the undersigned, am the Participant named above. I am familiar with the curriculum and the activities which take place in the above named Program at the University of Utah (the "Youth Education at the University of Utah"). I understand that such participation will include travel, moderate to strenuous physical activity, and exposure to the outdoors. My participation in the Program may expose me to certain foreseeable and unforeseeable risks of injury such as, but not limited to, automobile accidents, drowning, freezing temperatures, rapid changes in weather, dehydration, sun burn, encounters with wildlife, lacerations, strains, fractures, concussions, emotional distress, or even death. Knowing of these risks, I freely and voluntarily participate in the Program.

I am also familiar with the rules of conduct and University policies relating to the Program. I agree to abide by the all of the operating procedures, including safety procedures outlined by the Youth Education instructor, plus any directions given to me by an authorized University employee during the course of the Program.

(Signature of Minor Participant if age 12-17)

PARENT/GUARDIAN CONSENT TO TREATMENT, WAIVER AND RELEASE

I _____ am the parent/guardian of the above named Participant who is under 18 years of age. I am familiar with the curriculum and the activities which take place in Youth Education and hereby give consent for the Participant to participate in the program. I understand that participation in the Program will include travel, moderate to strenuous physical activity, and exposure to the outdoors. Participation in the Program may expose the Participant to certain foreseeable and unforeseeable risks of injury such as, but not limited to, automobile accidents, drowning, freezing temperatures, rapid changes in weather, dehydration, sun burn, encounters with wildlife, lacerations, strains, fractures, concussions, emotional distress, or even death.

I state that Participant is free from any known heart, respiratory or other health problems that could prevent Participant from safely participating in any of the activities.

I hereby give my express consent in the event of injury for the University to obtain for the Participant any necessary emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

I certify that participant has medical insurance (provide insurance information below) and otherwise agree to be personally responsible for costs of any emergency or other medical care that Participant receives. I agree to release, waive, covenant not to sue, and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from the cost of any medical care that Participant receives as a result of participation in the Program.

I further agree to release Releasees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of Participant's participation in the Program. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

I agree that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law.

I shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

Signature of Legal Guardian and/or Parent of Participant

Date

Emergency Contact Name and Relationship to Participant

Phone Number

Use this space to provide information about any health conditions Youth Ed should be aware of:

Participant's Insurance I.D. number and insurance carrier, carrier address and phone number:

**The University of Utah is committed to protecting minors participating in University programs. If you, as a parent/guardian, have concerns about any misconduct in connection with the above named Event/Program, please contact the University's Office of Equal Opportunity and Affirmative Action at (801) 581-8365.*