

## Northwestern State University Participant Permission, Release & Waiver of Liability

Name of Participant (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Emergency Contact's Phone: \_\_\_\_\_

Name of participant's parent(s) and/or guardian(s):  
\_\_\_\_\_  
\_\_\_\_\_

Age of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Campus Activities:** It is to my understanding that participation in NSU camps and/or activities is a choice. I acknowledge that participation in these activities may involve certain risks, including physical injury due to activity related accidents, illness, or even death. I also understand that there may be other risks due to these activities that I may not be aware of at this time. Initial: \_\_\_\_\_

**Release of Liability Waiver:** By signing the Waiver Form, I acknowledge that the participant, listed above is capable of participating in all activities. I also assume all risks of the participant in the activities, whether such risks are known or unknown to me at this time. I release and hold harmless this organization, leaders, volunteers, and any agents from any claim the student or I may have due to the result of an injury or illness incurred during participation of the NSU camp(s). I accept and assume full responsibility for any and all injuries, damages, and losses that may occur to me from any participation in camp activities. Initial: \_\_\_\_\_

**First Aid and Medical Treatment:** I understand that the participant may need first aid or emergency medical treatment due to an accident, illness, or other health conditions. I give permission for the appropriate personnel of the organization to seek and secure any needed medical attention or treatment for the minor, including hospitalization. I also give permission to transport via university vehicle, personal vehicle or ambulance (if personnel deem necessary). Initial: \_\_\_\_\_

**Release to use Image and Likeness:** I give permission to use the minor's likeness in either photographs or video materials for future promotion of the university's activities. (optional) Yes No

**Participant Code of Conduct:** I understand that if the participant listed above causes constant disruption during the camp or activity, demonstrates disobedience, presents a risk of harm to the other participants, or displays types of misconduct listed on back, the instructor or NSU staff member has permission to do one or all of the following: place the participant in time out, notify me or the responsible guardian, or remove the participant from the camp/activity without refund. Initial: \_\_\_\_\_

(See other side)

**Types of Misconduct include, but are not limited to:**

1. Possession, use, or distribution of an illegal or controlled substance.
2. Possession, use, or distribution of alcohol.
3. Theft of property or services.
4. Assault and/or battery.
5. Possession of a weapon.
6. Conduct which constitutes harassment or abuse, that threatens the mental well-being, health, or safety of an individual.
7. Hazing in any form.

**Medical History:**

1. Does the minor have any known physical defect or illness which might interfere with his/her participation in strenuous activity?
2. Does the minor have any severe allergies or reactions to over-the-counter drugs or prescription medications? \_\_\_\_\_  
Explain:
3. Is the minor presently taking any medications (over the counter or prescription), or have any special diet or exercise restrictions?

**Emergency Contacts:** Name and phone numbers to call in case of emergency. (please list in order of which to call first)

- Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name & Phone # of participant's Dr. \_\_\_\_\_

I acknowledge that I am the Parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above Permission/Waiver Form and I am fully familiar with the contents thereof.

I give my permission for the minor named above to participate in the activities of this organization. In consideration for allowing the participation of the minor in these activities, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the minor and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives and successors.

\_\_\_\_\_  
Legibly Printed Name of Parent of Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date