



PROGRAM 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 <http://childrenoncampus.umich.edu/> . Participants 18 years of age or older are also required to complete these documents. Please print legibly.

Program Name: **Boy Scout Programming Merit Badge** (hereafter "Program")
Date(s): **January 13, 2018**
Location: **University of Michigan-Dearborn, College of Engineering and Computer Science**

PARTICIPANT INFORMATION

Name of Participant (hereafter "Participant"): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Date of Birth: _____ Gender: M _____ F _____

PARTICIPATION AGREEMENT, WAIVER and MEDICAL AUTHORIZATION TO TREAT

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; and (c) 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 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, 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 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, which 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 or the Participant's mental, physical or medical condition before the Program begins.

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.



MEDIA, PHOTO & VIDEO RELEASE

I understand that during the course of my child's participation in the above-referenced activity, that the Program, and those acting with the Program's permission or authority, may capture my child's name, likeness, image, or voice in photographic, audio, video, digital or other recording forms ("Recordings"). I give my permission for the Program to use those recordings or works produced by my child (e.g., art work) for promotional, commercial, informational, and educational purposes in any and all media (including the Internet) now existing or hereafter devised, for any purpose consistent with the Program's mission. I understand that I will not have an opportunity to review or approve uses of the Recordings or Works.

I recognize that the Program, through the Board of Regents of the University of Michigan ("University"), holds the copyright in all Recordings. I understand that neither my child nor I will receive payment or any other compensation for the taking or use of any Recordings or Works created as a result of my child's participation in the Program. I release, indemnify and hold harmless the University from and against all liability, actions, debts, claims and demands of every kind whatsoever to the taking or use of the Recordings or Works of my child.

NO Media, Photo or Video Authorization – please check this box

I do not grant permission to Program to take or use my child's name, likeness, image, or voice in any form or to use work produced by child for any reason unless necessary for the administration of the Program while my child is participating in the Program.

PARTICIPANT CONDUCT

The Program has established rules and standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct. Dismissed Participants are not eligible for a refund of any fees or expenses. The Parent/Legal Guardian is responsible for all costs associated with removing the Participant from the Program due to his/her misconduct, including but not limited to transportation costs to return the Participant home.

Participant Agreement:

I understand that as a condition of participating in the Program, I must comply with the Program's rules and standards of conduct and follow all reasonable direction of the Program Staff. Failure to comply with the Program's rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my being dismissed from the Program.

Participant Name Printed: _____ **Date:** _____

Participant Signature: _____ **Date:** _____

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.

Parent/Legal Guardian Agreement:

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** _____



MEDICAL INFORMATION

Participant Name: _____

Please provide medical insurance information for the participant.

Insurance Company Name: _____ Policy # _____

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.

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: _____



EMERGENCY CONTACT INFORMATION

Participant Name: _____

List two 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 #
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Relationship to Participant

Emergency Contact #2 Name	Home Phone #	Work Phone #	Cell Phone #
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Relationship to Participant
