UNIVERSITY OF UTAH

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

MINOR PARTICIPANT INFORMED CONSENT & PARENT/GUARDIAN DESIGNATION OF CHAPERONE, CONSENT TO TREATMENT, WAIVER AND RELEASE FOR U OF U EVENT OR ACTIVITY

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): ____________________________________________________

Program: Natural History Museum of Utah Family Sleepover

MINOR PARTICIPANT INFORMED CONSENT

I, the child signing below, am participating in the Natural History Museum of Utah Family Sleepover. I understand that I am expected to follow all of the rules during this sleepover, including safety rules. I will follow all of the instructions of the University employees who are running this sleepover. I understand that if I fail to follow these rules and instructions, I may be asked to leave.

____________________________
(Signature of Minor Participant)

PARENT/GUARDIAN DESIGNATION OF CHAPERONE

I _____________________________ am the parent/guardian of the above named Participant and hereby designate the following identified individual to serve as the chaperone for my child (“Chaperone”) during the Program. I understand that Chaperone has ultimate responsibility for my child during the Program and that Chaperone is expected to keep watch over my child/guardian at all times during the Program. I also understand that the University of Utah will not be conducting a background check of Chaperone or otherwise determining the competence or safety of Chaperone.

______________________________________________
Name of Chaperone

______________________________________________
Signature of Legal Guardian and/or Parent of Participant

Date
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 the above named Program and hereby give consent for the Participant to participate in the Program. I understand that participation in the Program can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program, which may expose the participant to illness, injury or 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. All relevant allergies and physical and medical conditions that would or could affect Participant's participation in the Program are identified below.

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 authorize the University to take and use without payment any photographs, slides, or video of Participant as may be needed for public relations, marketing/advertising in print or on our website, or internal training purposes.

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

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Participant’s Allergies:________________________________________________________________________

Participant’s Physical or Medical Conditions:________________________________________________________________________