

# UNIVERSITY OF UTAH

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

## **MINOR PARTICIPANT INFORMED CONSENT & PARENT/GUARDIAN 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's 2019 Summer Camp Program**

### **MINOR PARTICIPANT INFORMED CONSENT**

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

\_\_\_\_\_  
(Signature of Minor Participant 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 that 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 including, but not limited to outdoor, weather and transportation risks, 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 in the NHMU Camper Information Form I have submitted.

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 I have been advised to maintain medical insurance for Participant (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.

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.

\_\_\_\_\_  
Signature of Legal Guardian and/or Parent of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name and Relationship to Participant

\_\_\_\_\_  
Phone Number