



# MINOR PARTICIPANT & PHOTO RELEASE FORM

FALL 2019

## MINOR PARTICIPANT RELEASE

As part of the consideration for my child participating in the Splash UNC educational program, a day long program which provides classroom instruction and hands on demonstrations on the UNC-Chapel Hill campus in Chapel Hill, North Carolina, on Saturday, November 16, 2019, sponsored by Splash UNC, a recognized student organization at the University of North Carolina at Chapel Hill, and in consideration of the voluntary nature of this event,

I, \_\_\_\_\_, Parent of \_\_\_\_\_

do hereby release, hold harmless, and forever discharge all members, officers, directors, advisers, and agents of Splash UNC, Learning Unlimited, and the University of North Carolina at Chapel Hill, its officers, employees and agents, from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, property damage, personal injury, including death, that may be sustained by my child or to any property belonging to my child while participating in this event. I am fully aware of the risks and hazards associated with my child participating in this event such as possible injury, death or property damage that may occur during the time that he/she is on the UNC-Chapel Hill campus. I hereby elect voluntarily for my child to participate in this activity. I voluntarily assume full responsibility for any risk of loss, damage or personal injury, including death, and for any property damage that may be sustained by my child as a result of his/her participation in this activity except that caused by the negligence of Splash UNC, its officers, members, employees and agents, Learning Unlimited, its officers, members, employees and agents, or The University of North Carolina at Chapel Hill, its employees or agents.

I further agree to indemnify and hold harmless all members, officers, directors, advisers, and agents of Splash UNC, their heirs and assigns, Learning Unlimited, its employees and agents, and the University, its employees and agents, from any loss, liability, damage or cost, including court costs and attorney's fees that they may incur due to my child's participation in this event. This release and hold harmless agreement is binding on me, my child, our heirs, assigns, and personal representatives.

In the event of illness or injury, I hereby authorize the medical professional present to obtain emergency or other medical treatment for my child as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the medical professional present to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a licensed physician is deemed advisable. A copy of this release and hold harmless agreement shall have the same force and effect as the original.

I acknowledge that my child is in good health and has no known physical disabilities or allergies that would cause him/her to suffer any kind of mental or physical harm while participating in this event, other than those noted below. I understand that I must provide transportation to and from this event for my child. I will drop my child off between 8:30 AM – 10:00 AM and that I will pick up my child between 5:00 PM - 5:30 PM on Saturday, November 16, 2019.

This the \_\_\_\_\_ day of \_\_\_\_\_, of 2019 (date of signatures):

Minor Participant's Name (Please print): \_\_\_\_\_

Name of Minor's Parent (Please print): \_\_\_\_\_

Witness Name (Anyone 18+, please print): \_\_\_\_\_

Signature of Minor Participant: \_\_\_\_\_

Signature of Minor Participant's Parent: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Minor's Address: \_\_\_\_\_

Phone number where you can be reached during event: \_\_\_\_\_

Alternate emergency contact and phone number: \_\_\_\_\_

Please list any allergies or disabilities that your child has in this section: \_\_\_\_\_

How will the student be getting home? Please provide the full names and phone numbers of any persons picking the student up.  
\_\_\_\_\_  
\_\_\_\_\_

## PHOTO RELEASE

I, (print your name) \_\_\_\_\_, DO / DO NOT (circle one) \_\_\_\_\_, authorize Splash UNC to permit its representatives and/or the news media to take photographs and/or videos of (print name of Splash UNC Participant) \_\_\_\_\_ during the Splash UNC educational program on Saturday, November 16, 2019.

and authorize Splash UNC-Chapel Hill to publish the same photographs or videos with their affiliate organizations, on their website, for their annual report, and in other materials. I understand that these photographs or videos may be distributed in a print format, over the Internet, or through other media outlets, in an educational or historical manner.

Minor Participant's Name (Please print): \_\_\_\_\_

Name of Minor's Parent (Please print): \_\_\_\_\_

Witness Name (Anyone 18+, please print): \_\_\_\_\_

Signature of Minor Participant: \_\_\_\_\_

Signature of Minor Participant's Parent: \_\_\_\_\_

Witness Signature: \_\_\_\_\_