

University of Southern Maine ArtLab Programming

Waiver of Liability/ Emergency Medical Authorization and Consent to Photograph

Event/Activity Art Education ArtLab Program

Participant Name (s): _____

Guardian Name(s): _____

Address/ City, State, Zip: _____

Phone Number(s): _____

EMERGENCY CONTACTS

1. Name: _____

Phone Number: _____

2. Name: _____

Phone Number: _____

PARENT/GUARDIAN LIABILITY AND PHOTO WAIVER:

I understand that there may be risks inherent in participating in this activity. I will not hold USM, its directors, officers, employees, volunteers, representatives, or agents (collectively, the "Indemnitees") responsible for any claim or liability arising out of or relating to my participation in this activity. I will indemnify, defend, and hold harmless the Indemnitees from and against any liability, including reasonable attorneys' fees and court costs ("Claims"), arising from or relating to my participation in this activity, including, but not limited to, any Claims arising from or relating to the negligence of the Indemnitees or equipment used in the course of the activity.

I give USM the right to use, reproduce, and to permit the use to others of all photographs and video taken of my child for educational, publication or marketing purposes without further compensation, and to alter and composite the same without restriction and without my inspection or approval. I acknowledge and agree that all this material shall be sole property of USM.

Signature of Parent or Legal Guardian: _____ Date: _____

EMERGENCY MEDICAL CONSENT:

I understand that the Released Parties do not have medical personnel available at the University campus. In the event of illness or injury arising out of my or my child's participation in the above activity, I give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by employees of the University, or (2) the administration of any treatment deemed necessary by a licensed physician or dentist, and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. **INITIAL:** _____

I represent that my child DOES NOT have an allergy, physical impairment, or other disability for which they are taking medication –and which would preclude them from fully partaking in ArtLab activities:

Yes: ___ No: ___ (If checked "No," please see statement below and indicate relevant medical situations)

My Child DOES have an allergy, physical impairment or disability that may preclude them from fully partaking in all ArtLab activities. Please list any relevant physical, or medical needs for your child during the week of ArtLab: _____

I authorize ArtLab to dispense medication to my child for allergy, impairment, or disability: Yes: ___ No: ___

If yes, Please authorize attached medication disbursement form. If no, then USM assumes students will take care of their own medical needs.

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I understand and agree that in the event first aid or medical care should become necessary, I am fully responsible for any and all costs associated with the transportation to and provision of such care.

I UNDERSTAND AND AGREE THAT MY OR MY CHILD'S PARTICIPATION IN THE ACTIVITY IS VOLUNTARY. I FURTHER UNDERSTAND AND AGREE THAT PARTICIPATION IN THE ACTIVITY IS AT MY OR MY CHILD'S OWN RISK AND THAT THE UNIVERSITY IS NOT RESPONSIBLE FOR ANY INCIDENTS, INJURIES OR LOSS OF PROPERTY THAT MAY OCCUR.

Signature of Parent or Legal Guardian: _____ Date: _____