



INFORMED CONSENT AND ASSUMPTION OF RISK ASSESSMENT

I hereby acknowledge that I am over the age of 18, I am the parent and/or legal guardian of the child ("Student"), and I have the authority to make agreements on behalf of the Student. I further acknowledge that I have voluntarily chosen to enroll the Student in the Health Scholars Program ("UHHSP") operated by University Hospitals ("UH"). I also give consent for the Student's participation in UHHSP activities. Additionally, I acknowledge that all the terms listed in this document apply to me as well when I attend an event.

I understand that UH may, at its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In such an event, I understand that I waive any claims. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for the repair or replacement.

Acceptance of Risk & Release of Liability

In consideration of the opportunity for my child to participate in UHHSP, I hereby release, waive, and forever discharge UH, its Office of Community Impact, Equity, Diversity, & Inclusion ("CEDI"), and their agents, officers, employees, and volunteers from any liability, claims, costs, damages, demands, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my child or their personal belongings, whether caused by the negligence or carelessness of UH or otherwise.

I understand that UH is not liable for any injuries or other occurrences due to indoor and outdoor activities or related risks, as well as the actions or omissions of UH, volunteers, employees, trustees, directors, officers, or any other entities being released. I hereby assume these risks and, with knowledge of them, give my child permission to participate.

For everyone's safety, students must follow all staff instructions. I understand that if the Student's actions or attitude are deemed detrimental to other participants, staff, or the general atmosphere, they may be sent home without reimbursement from UH for participation. I agree to accept full responsibility, financially or otherwise, for the conduct of the Student, including paying restitution for damage to equipment, property, and facilities, including the personal property of other participants. UH is not required or expected to protect UHHSP participants from theft or damage to personal property.

Medical Release and Authorization

I understand and agree that I am responsible for determining the Student's medical, physical, or other qualifications and suitability for participating in UHHSP and its activities. I agree to disclose to UH and UHHSP staff any pertinent medical, physical, or other conditions and special needs that may affect the Student's participation in these activities.

I understand that measures will be taken to safeguard the health and safety of all participants; however, in the event of need, serious injury, or illness, UH will contact emergency services and make all reasonable efforts to reach the parent, guardian, and/or people listed as emergency contacts. I hereby

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grant permission to UH or its authorized representatives to arrange for any necessary medical care that the Student may require. I authorize the diagnosis and treatment by a qualified and licensed medical professional of the minor child in the event of a medical emergency, which, in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering, or discomfort if delayed.

Transportation & Field Trip Liability Waiver

I give permission for my child to be transported by privately acquired services provided by UH. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and to follow the directions provided by the driver and/or other adult volunteers.

I recognize that my child may risk personal injury or permanent loss by participating in this activity, as with any motor vehicle transportation activity. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacities, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors, and assigns, further agree to release and forever discharge UH, its Office of CEDI, and their agents, officers, employees, and volunteers from any claim that I might have personally or that I could bring on my child's behalf regarding any damages, demands, or actions whatsoever, including those based on negligence, arising in any manner out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Photograph & Media Release Form

I hereby grant permission for the use of my child's image, likeness, and sound of their voice as recorded on audio or video tape without payment or any other consideration. I understand that my child's image may be edited, copied, exhibited, published, or distributed, and I waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child's image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Furthermore, I understand that UHHSP has cameras in all public rooms, which will record my child's image and voice for training, security, and behavior purposes. Video recorded by those devices may be shared with staff and any necessary authorities. If I do not want my child's image, voice, and work created at UHHSP to be used for promotional materials, publications, and other commercial purposes, I can notify UHHSP in writing. I understand that by choosing to do this, my child might be unable to participate in some activities due to the presence of cameras and other recording devices. I also understand that by sending my child to activities at UHHSP, I cannot opt out of recording for training, security, or behavior purposes.

