

**Informed Consent, Release, Authorization for Emergency Treatment and Transportation, and  
Indemnification Agreement**

I, the undersigned, as the parent or legal guardian of \_\_\_\_\_ (print child's name) in consideration of my child's voluntary participation in \_\_\_\_\_ (hereafter referred to as "Program"), do hereby assume full responsibility for all risk of injury or loss which may result from my child's participation in the Program. I acknowledge that I have received, read, and understand all the information provided by the Program concerning such events and hereby approve of my child's participation.

I agree to hold harmless, release and forever discharge Portland State University, its officers, agents, board members, and employees from any and all claims and demands whatsoever which I or any third party may have against them by reason of any accident, illness, injury, or death, or damage to, loss of, or destruction of property arising or resulting directly or indirectly from my child's participation in the Program.

I understand, agree and acknowledge that some activities may include physical or strenuous activity that, while not intended or anticipated, may result in illness, personal injury, or possibly death and I understand and appreciate the nature of such hazards and risks. Additionally, some activities may require local travel by buses or other approved methods of transportation for which I approve. To the best of my knowledge, unless previously disclosed in writing to the Program, my child has no medical, physical, mental, or emotional health conditions that would hinder his/her participation in the Program. Program shall not be responsible for nor engage in dispensing any medications for Program participants.

In the case of an emergency, if I cannot be reached, I authorize the staff of the Program to obtain whatever medical treatment deemed necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

From time to time, the Program may take photographs and videos of their sponsored activities for academic marketing, advertising, and promotional purposes. It is possible that such photos and videos may include all Program participants as well as my child's likeness, not by specific focus, but as inclusion for the primary purpose to promote the Program. I expressly waive any rights and objections to me and my child's appearance in any Program promotional photos and videos. PSU shall have the right to publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or re-use such photos, videos, and images in connection with the Program's academic marketing, advertising and promotion.

I agree that this Consent and Release shall be construed in accordance with the laws of the State of Oregon and that the venue for any legal proceeding arising out of this agreement shall be in Oregon. If any term or provision of this Consent and Release shall be held illegal, unenforceable, or in conflict with any law governing this agreement, the validity of the remaining portions shall not be affected thereby.

I understand that the Program reserves the right to expel my child from the Program at any time should his/her actions or behavior, in the sole discretion of Program representatives, impede or obstruct the activities of other participants in the Program or if his/her actions or behavior endanger him/her, other participants, faculty, staff or Program representatives.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR THE INJURY OR DEATH OF MY CHILD OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE MY CHILD PARTICIPATES IN THE PROGRAM AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH TO ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY CHILD'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION. THIS RELEASE COVERS ALL ACTIVITIES AND TRAVEL OFFERED THROUGH THIS PROGRAM AND EXCLUDES INCIDENTS RELATED TO PERSONAL TRAVEL TO AND FROM THE PROGRAM SITE.**

Parent/Guardian Signature: \_\_\_\_\_

Student's Name (please print): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Telephone: Home \_\_\_\_\_ Work or Cell \_\_\_\_\_

Medical issues/concerns (if any): \_\_\_\_\_