



UNIVERSITY-SPONSORED YOUTH PROGRAM

INFORMED CONSENT, RELEASE AND MEDICAL AUTHORIZATION FOR A MINOR

I voluntarily desire to have my minor child participate in the ZIPCON 2024 ("Program") at The University of Akron. I am aware of the types of risks and hazards that may arise through participation in the Program, and that there may also be unknown risks and hazards. I am aware and accept that these risks and hazards may cause injury or illness to my child's person or damage or destruction to their property. I also understand that there is an inherent risk of exposure to contagious diseases in public places such as The University of Akron, such as exposure to COVID-19.

In consideration of my child being permitted to participate in the Program and of the agreement contained in this release, I for myself and on behalf of my child agree as follows:

I and my child voluntarily assume all risk of accident, injury or damage to my child or their property. I, on behalf of myself and my child, hereby release, waive, discharge, and hold harmless The University of Akron, its Board of Trustees, officers, employees, agents, representatives and volunteers from every claim, liability or demand of any kind arising out of or related to their participation in the Program. This includes, but is not limited to, loss of personal property, sickness and injury from whatever source, legal entanglement, imprisonment, death, loss of money or otherwise, while preparing for, participating in, or traveling for the Program.

I declare that my child has no physical disability or other health, physical, mental, or emotional conditions that would prevent my child from participating in the Program. I understand that The University of Akron retains the discretion to prevent my child from participating in any or all activities in connection with the Program when it is determined that my child's safety or the safety of others will be adversely affected. I understand that, if my child has allergies or conditions that Program personnel should be aware, or if they will need to take medication during the Program, it is my responsibility to complete and submit a *Medical Information and Authorization to Dispense Medication* form to The University of Akron in advance of the start of the Program.

I, on behalf of myself and my child, authorize and consent to administration of emergency first aid care by The University of Akron, any treatment deemed necessary by medical personnel, and the transfer to any hospital or other treatment center reasonably accessible. I agree to hold The University of Akron and its Board of Trustees, officers, employees, representatives, agents, and volunteers harmless from any resulting costs, expenses, liability, actions, causes of action, and the like. I agree that I will be responsible for all such costs and expenses.

I understand that the participants of the Program will provide their own transportation to and from the Program.



I understand and agree that my child is personally responsible for expenditures during the Program including, but not limited to, meals and other personal miscellaneous expenses and that The University of Akron is not responsible for providing any of the same.

By signing this release, I hereby acknowledge and represent that I am 18 years of age and that I have read and fully understand the terms and conditions herein. This release binds any of my and my child's heirs, administrators, and executors.

Child's Name (Printed)

Parent or Guardian's Name (Printed)

Date

Parent or Guardian's Signature

Phone number

Emergency Contacts:

Name, Relationship, Phone Number: _____

Name, Relationship, Phone Number: _____