



SUMMER PROGRAM PARTICIPANT WAIVER

This registration packet includes the following items, all of which are required unless otherwise noted:

- Statement of Responsibility and Authorization / Waiver, Release, Indemnification and Assumption of Risk Agreement
- Health Information and Consent for Emergency Medical Treatment Form
- Code of Conduct for Participants

PARTICIPANT REGISTRATION

<i>Participant Name</i>	<i>Age</i>	<i>Birthdate</i>	
<i>Grade Completed</i>	<i>Graduation Year</i>	<i>T-Shirt Size</i>	
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Personal Email Address</i>	
<i>Parent/Guardian Name(s)</i>			
<i>Special dietary needs</i>			
<i>Special accommodations that are required</i>			

SAMFORD UNIVERSITY

SUMMER PROGRAM STATEMENT OF RESPONSIBILITY AND AUTHORIZATION WAIVER, RELEASE, INDEMNIFICATION AND ASSUMPTION OF RISK AGREEMENT FOR MINORS

I, _____, am the parent/legal guardian of a minor child, _____,

*Parent/Guardian**Child's Name*

who will be participating in the summer program ("Program") at Samford University ("the University") in Birmingham, Alabama. I am fully aware that my child's participation in the Program is totally voluntary. In consideration of the University's agreement to permit my minor child to participate in the aforementioned Program, the receipt and sufficiency of which consideration is hereby acknowledged, I agree as follows:

1) In signing this Waiver, Release and Indemnification Agreement; Statement of Responsibility and Authorization, **I hereby declare that my child will attend the Program in its entirety, from the opening session on _____ at _____ through the end of the program, which**

(date) (time)

concludes on _____ at _____. I agree to inform the Director of the

(date) (time)

Program at least seven (7) days before the start of my child's Program session if travel limitations will result in my child arriving late to the program. I understand that the Program reserves the right not to allow my child to participate in the Program if I do not agree to have my child participate in the program in its entirety and that the Program will not make any refunds after _____ if my child is not admitted to the

(date)

program due to my unwillingness to have my child participate in full.

2) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge the University and their employees, agents, students, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death), mental anguish or emotional distress to persons and/or property, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses) and attorney's fees, which arise out of, during or in connection with my child's attendance at, activities at, sponsored by, participation in, or arising out of the aforementioned Program, including travel to or from the University and including without limitation any loss, claim, demand or suit that my child might assert once he/she attains the age of majority.

3) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and their employees, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorney's fees, which result from arise out of relate to my child's attendance at, association with, participation in, activities at, sponsored by, or arising out of the aforementioned Program, including travel to or from the University.

4) I, individually and on behalf of my minor child, hereby acknowledge and accept that there are both known and unknown risks arising from various activities, including but not limited to bodily injury and death, that could result from my child's participation in the aforementioned Program at the University. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of the University's permission to allow my minor child to participate in the aforementioned Program. I, individually, and on behalf of my minor child hereby release and discharge the University from any and all negligence, including the University's own negligence, in connection with my child's attendance at, activities at, or participation in the Program, including travel to and from the University, except for any gross negligence or willful and wanton misconduct on the part of the University.

5) I represent and warrant that my child is covered throughout this Program by a policy of comprehensive health and accident insurance, which provides coverage for injuries, which he/she may sustain as part of his/her participation in this Program. I hereby release and discharge the University of all responsibility and liability for any injuries, illnesses, medical bills, charges, co-pays, deductible or similar expenses, whether covered by health insurance or not, that he/she may incur while participating in this Program. I agree to report to the University's Director of the Program any physical or mental condition he/she may have which may require special medical attention or accommodation during the Program at least ten (10) days prior to the start of the Program.

6) I hereby acknowledge and accept that my child's personal property is at my risk entirely.

7) The University reserves the right to decline to accept or retain my child in the Program at any time should his or her actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my child's conduct violates any policy or procedure of the University, including the Code of Conduct for Program Participants, I understand that my child may be required to leave the Program in the sole discretion of the University's agents and representatives, and may be referred to the appropriate University officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the Program. The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof prior to departure.

8) I agree that this Waiver, Release and Indemnification Agreement; Statement of Responsibility and Authorization is intended to be as broad and inclusive as permitted by the laws of the State of Alabama, U.S.A., and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect. In the event of any cause of action, the laws of the State of Alabama apply and the jurisdiction lies with the Tenth Judicial Circuit of the Alabama State Court or the U. S. District Court of Northern District of Alabama.

9) I hereby consent to any publicity, including the use of my child's name and likeness, and waive any right to inspect and/or approve any photography, film videotape, recordings or advertising copy which may be used in connection with my child's participation in this Program. I grant Samford University and its affiliates permission to film, reproduce, and distribute images, audio, and video of **my child**. It is understood and agreed that these images will be used for promotional and reporting efforts as an initiative of Samford University, which may include collaborative projects with other organizations. Neither the Program nor its affiliates will release, replicate, or sell images for or to individuals other than those affiliated with Samford University. First names and city/state of origin may be transposed over some individuals' images, but will not include accompanying last names or specific addresses unless additional permission is obtained from the participant and his/her parent or legal guardian if the participant is a minor.

10) In signing this Waiver, Release, Indemnification and Assumption of Risk Agreement; Statement of Responsibility and Authorization, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Parent/Guardian's Signature(s)

Date

Parent/Guardian Name(s) (Printed)

Child's Name/Participant's Name (Printed)

SAMFORD UNIVERSITY

HEALTH INFORMATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM FOR MINORS

Program Attending: _____

Program Dates: _____

Participant Name: _____ Birthdate: _____

Permission for Treatment: The health history provided on this form is correct to the best of my knowledge. By my signature below, I hereby grant permission and authorize the provision of emergency medical treatment for my minor child who becomes ill or injured while participating in a Samford University sponsored Program and when parents or guardians cannot be promptly reached.

Release of Information: By my signature below, I authorize Samford University to release medical information regarding my minor child to any person or entity to whom Samford University refers the child for medical treatment.

TO GRANT CONSENT:

I, (we) _____ of _____, _____
Name of Parent(s)/Legal Guardians(s) *City* *State*

do hereby state that I (we) are the parent(s) or legal guardians(s) of _____, a minor.
Name of Child/Participant

Should an emergency arise while my child is under the supervision of the staff of Samford University, I, (we) do hereby authorize the staff to obtain medical attention for my child. I, (we) do hereby give consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine during the program period. I (we) do hereby release and forever discharge Samford University

and its employees, agents, officers, trustees, affiliates and representatives from any and all liability of any kind for any claim, demand, action, cause of action, expense (including hospital and medical expenses), judgment or cost, including without limitation attorney's fees, co-pays or deductibles, which arise out of or relate in any manner to the exercise of authority or judgment pursuant hereto, or to the securing, oversight, administration or supervision of medical or other care or treatment on behalf of my child at any time or any travel incident thereto.

Participant's Doctor: _____ Phone: _____

Participant's Dentist: _____ Phone: _____

Medical Insurance

Name of Company: _____

Phone: _____

ID Number: _____

Group Number: _____

Insurance Holder's Name: _____

Medical History: Allergies, if any, including medication and foods:

Chronic or existing diseases or medical problems (e.g. diabetes, epilepsy):

Medicines my child is currently taking and dosage:

Storing/Administering Non-Prescription Medications at Summer Programs

I understand and acknowledge by my signature below that Samford University is not responsible for the storage or administration of any prescription or non-prescription medication for my child. My son or daughter is capable of taking his or her own medication(s) throughout his or her stay at Samford University, or that one of my child's parents or his or her legal guardian will be personally present and available to administer the medication to my child throughout the program. I know that Samford University staff will not store or administer medications, prescription or non-prescription, for my child during the program. If I decide that my child can take his or her own medication during the program, I will exercise best efforts to remind my child to take his or her medication. In the event a child needs assistance with his or her over-the-counter medication, a separate consent form must be submitted to the camp leader, prior to camp start.

Date child received last Tetanus injection or booster (if known): _____

Any physical restrictions:

Emergency Contact Information:

I, (we) can be reached at the following phone numbers(s) in an emergency:

Print Name and Location *Phone*

Print Name and Location *Phone*

Print Name and Location *Phone*

Signatures:

Signature(s) of Parent(s)/Legal Guardians *Date*

Signature(s) of Parent(s)/Legal Guardians *Date*

CODE OF CONDUCT for Program Participants**Community**

We encourage residents to build community by interacting with others in a positive and supportive attitude. With any living arrangement, problems can develop. It is imperative to show mutual respect and consideration for one another. Before you act, think about the consequences. More often than not, your actions can be redirected in a more constructive manner. Your residence hall is made up of people with a variety of backgrounds and lifestyles.

Alcohol, Drugs & Gatherings

Students may not possess or consume alcohol on the campus. The use of illegal drugs or abuse of prescribed medications is also prohibited. Moreover, social gatherings of any type where alcohol is present are off limits to program participants. Violations will result in removal from the residence hall and the program, without a refund. No alcohol is allowed in the residence halls at any time.

Smoking

Smoking, vaping, Juuling and similar products are prohibited on campus.

Personal Conduct

Samford is a Baptist university and expects program participants to exemplify the standards of Christian morality in their lives. Any activity, which offends these standards, will lead to removal from the residence hall and the program, without a refund.

Maintenance

All maintenance issues should be reported to the residence hall staff or the Front Desk of the residence hall.

Theft/Vandalism

Any theft or unauthorized possession of University or personal property is prohibited. Summer program participants vandalizing University or another's property will be removed from the program, without a refund.

Fireworks/Weapons The possession or use of any form of fireworks or weapons is prohibited. A program participant using or possessing any form of fireworks or weapons will be removed from the program, without a refund.

Fire Alarm System

Fire alarm systems and other fire equipment; such as smoke detectors, portable fire extinguishers and sprinkler systems are installed in buildings for safety and protection of all participants. Malicious tampering with or misuse of these devices and system components will result in removal of all persons involved removed from the program, without a refund.

Furniture

All University room furniture must remain in place and not be removed from its location. Lounge furniture should not be moved into rooms or to other locations.

I have read and agree to the rules and regulations hereby outlined. I understand that violation of these rules may result in my immediate dismissal from the program without reimbursement.

Signature of Participant

Date

Signature of Parent/Guardian

Date

COVID-19 SAFETY ACKNOWLEDGEMENT -- LIABILITY WAIVER AND RELEASE OF CLAIMS

COVID-19 SAFETY INFORMATION:

To reduce the risks of exposure to COVID-19 while attending a Summer program at Samford University, pursuant to CDC guidelines and local health directives, social distancing must be practiced and face coverings must be worn at all times unless actively engaged in eating or drinking. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, Samford University has put in place preventative measures to reduce the spread of COVID-19, including pre-event rapid-antigen testing for all attendees. However, Samford University cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not attend Summer Program at Samford University. By attending Summer Program at Samford University, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others,
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or,
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-MONITOR:

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact summer program organizers if he/she experiences symptoms of COVID-19 within 14 days after attending the Summer Program at Samford University.

LIABILITY WAIVER AND RELEASE OF CLAIMS:

I acknowledge that I derive personal satisfaction and a benefit by virtue of my attendance at the Summer Program at Samford University, and I willingly have chosen to attend the Summer Program at Samford University despite the potential for exposure to the SARS-CoV-2 virus in doing so.

RELEASE AND WAIVER. I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST THE SUMMER PROGRAM, SAMFORD UNIVERSITY, AND THEIR AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY ATTENDANCE AT THE SUMMER PROGRAM AT SAMFORD UNIVERSITY.

ASSUMPTION OF THE RISK:

I acknowledge and understand the following:

1. Attendance includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;

2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and,
3. I hereby knowingly assume the risk of injury, harm and loss associated with Samford University, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

MEDICAL ACKNOWLEDGMENT AND RELEASE:

I acknowledge the health risks associated with the Activity, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. I agree that if I experience any of these or any other symptoms during Samford University, I will discontinue my participation immediately and seek appropriate medical attention.

I DO HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY ATTENDANCE TO THIS PROGRAM AT SAMFORD UNIVERSITY.

BY ATTENDING AND/OR VOLUNTEERING THE SUMMER PROGRAM, YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.

Summer Program Participant's Name: _____

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____