

Informed Consent

Technology, Engineering, and Computer Science Summer Camp

This is an **informed consent form for minors**, which identifies risks of participating in a Southern Utah University course or program, and a **consent form for parents/guardians**.

Injury may result from your participation in the Technology, Engineering, and Computer Science Summer Camp known hereinafter as "the activity." You are expected to familiarize yourself with the activity and what is required, rules of conduct for the activity as well as Southern Utah University policies. You are expected to follow proper operating procedures including safety procedures as outlined by the course/program instructor, plus any directions given by an authorized Southern Utah University employee.

I, _____ (participant's name), acknowledge that I have familiarized myself with the activity and what is required, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by an authorized school employee.

_____ Date _____

(Signature of participant)

The undersigned, the legal guardian of _____ (hereinafter "participant") a participant under eighteen years of age, in consideration of participant's participation in Southern Utah University's **Technology, Engineering, and Computer Science Summer Camp**, do hereby agree to this consent.

I understand and agree that participating in or being present at or around the activity may create predictable and unexpected risks of serious physical or mental injury or death. These risks may include, but are not limited to: sprains; strains; fractures; damage to the head, face or body; emotional distress, flesh wounds; muscular skeletal injuries; cosmetic injuries; cuts; abrasions; penetrations; paralysis, foreign objects in the eye; amputations; permanent disabilities; and other serious injuries or death. I state that participant is free from any known heart, respiratory or other health problems that could prevent participant from safely participating in any of the activities OR I feel the organizers should know about: (voluntary disclosure)

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

Critical allergies (identify): _____

Names and telephone numbers of persons to contact in case of emergency:

Emergency Contact _____ Relationship _____

Daytime Phone Number _____ Evening Phone Number _____

Emergency Contact _____ Relationship _____

Daytime Phone Number _____ Evening Phone Number _____

I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover participant's participation in the above stated Southern Utah University's Engineering, Computer Science and Technology Summer Camp.

Name _____ Date _____

Signature _____

(Parent or legal guardian signature)