



Informed Consent Waiver

Date: _____

Participant Name: [Please Print]	
Participant Date of Birth:	
Participant Cell Phone:	
Parent/Guardian Name:	
Parent/Guardian Phone:	
Parent/Guardian Cell Phone:	
Emergency Contact:	
Emergency Contact Cell Phone:	
Medical or Dietary Considerations:	

This is an **Informed Consent Form for Minors**, which identifies risks of participating in Southern Utah University sponsored event, and a **Waiver and Release for parents/guardians**.

Red Riot, Date _____ Event (hereinafter "Activity") Include:

- Open Rec Night
- Campus Tour

Injury may result from your participation in Activity. You are expected to familiarize yourself with 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 program director(s), plus any directions given by an authorized Southern Utah University employee.

I, _____ (printed name of student), acknowledge that I have familiarized myself with 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.

(Signature of student)

The undersigned, the legal guardian of _____ (hereinafter "student") a participant at Southern Utah University Leadership Weekend under eighteen years of age, in consideration of student's participation in Leadership Weekend events at Southern Utah University do hereby agree to this waiver and release.

I recognize that participation in Activity may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There may also be associated health risks. I state that student is free from any known heart, respiratory or other health problems that could prevent student from safely participating in any of the activities.

I certify that I have medical insurance or otherwise agree to be personally responsible for costs of any emergency or other medical care that student receives. I agree to release State of Utah, Southern Utah University and their agencies, departments, officers, employees, agents, and all sponsors, officials and staff or volunteers from the cost of any medical care that student receives as a result of participation in Activity.

I further agree to release the State of Utah, Southern Utah University, their agencies, departments, officers, employees, agents and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of student's participation in Activity. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

Furthermore, I grant permission to SUU, its affiliates and sponsors to use any photographs, motion pictures, recordings or any other record of the Activity of my child/children for any purpose including, but not limited to, promoting, advertising and marketing purposes. Any and all photographs, motion pictures, recordings or other records of the event are the sole property of SUU. _____ **INITIAL HERE**

CONSENT

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.

I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover student's participation in the above stated Activity

Name _____ **Date** _____

Signature _____

(Parent or legal guardian signature if participant is under 18 years old)