

Program site requested:

- Phoenix
- Tucson
- Either Phoenix or Tucson

Last name _____ First name _____

UNIVERSITY OF ARIZONA MED-START PROGRAM CONSENT FORM

PARENT OR GUARDIAN MUST SIGN THIS FORM IN ORDER FOR CHILD TO PARTICIPATE

CONSENT FOR PROGRAM PARTICIPATION:

I acknowledge that there are risks inherent in any children's program, including but not limited to injury or death arising from: participation in outdoor activities, children's failure to follow instructions of teachers and supervisors, communicable illness, and independent acts of third parties not under the control of the University staff. In order to minimize risks to my child or other participants, I will take responsibility to see that my child is properly prepared for all activities and is in good health during the program.

In case of medical emergency, I understand that every reasonable attempt will be made to contact me, my family physician, or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give my permission to the adults in charge of the Med-Start Program at The University of Arizona to secure emergency medical treatment for my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance.

Emergency Contact (other than parent/guardian) _____ Phone _____

Health Insurance Co. & Policy No. _____ Phone _____

Family Physician _____ Phone _____

For your child's comfort and safety, please indicate any special conditions we may need to know about (allergies, medical prescriptions, recent injuries or illnesses, etc., use additional paper if necessary):

RULES AND REGULATIONS

PLEASE REVIEW THE RULES AND REGULATIONS CAREFULLY WITH YOUR SON/DAUGHTER. THESE RULES HAVE BEEN IMPLEMENTED TO MAKE THE SUMMER PROGRAM A SAFE AND SUCCESSFUL EXPERIENCE FOR YOUR SON/DAUGHTER, OUR STAFF, AND THE FACILITY(IES) UTILIZED AS PART OF THE MED-START PROGRAM.

- I agree that my child will comply with the University's rules, standards and instructions for student behavior, as well as the Facility's standards of conduct. I waive and release all claims against the University that arise at a time when my child is not under the direct supervision of the University or that are caused by my child's failure to remain under such supervision or to comply with such rules, standards and instructions.
- Med-Start involves many hours of coursework and seminars. An outside job, summer school, or summer camp is strongly discouraged and is only rarely permitted.
- We reserve the right to remove students from the summer program at any time for misconduct or noncompliance with policies and procedures.
- Med-Start policy prohibits students from bringing cars to campus for use during the program.
- Students are expected to reside on campus the entire five weeks (students may leave with an authorized visitor only for limited time on weekends)

MEDIA RELEASE

I hereby grant this program permission to record my child/ward's likeness and/or voice for use by television, films, radio, or printed media to further the aims of this program in related campaigns and magazine articles, booklets, posters and in other ways they may see fit.

CONSENT TO ACCESS ACADEMIC RECORDS

I authorize and permit the staff of this program to view and make copies of academic records and/or transcripts for purposes related to operating and studying the programs and activities sponsored by Med-Start.

CONSENT FOR PROGRAM EVALUATION

I authorize and permit the staff of this program to contact my child/ward following completion of the program to ask for information about their educational and career choices and activities.

Knowing the risks described above, and in consideration of my child being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my child's participation in the Program. To the maximum extent permitted by law, I release, indemnify, and agree not to sue the University from and against any present or future claim, loss or liability for injury to person or property which I or my child may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall be governed by the laws of the state of Arizona, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

I CERTIFY THAT I FULLY UNDERSTAND THE ABOVE GUIDELINES AND THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant: _____ **Date:** _____
Printed Name: Last _____ First _____

Signature of Parent/Guardian: _____ **Date:** _____
Printed Name: Last _____ First _____