

YOUTH CITY COUNCIL LEADERSHIP INSTITUTE 2016

Informed Consent, Photo Release, and Permission for Participation in Activity

Participant's name: _____

Participant's Youth Council: _____

Activity date and times: March 10, 2016 at 4:00p.m. — March 12, 2016 at 11:00 a.m.

Activity location: Utah State University campus – Logan, Utah

Activity description: Workshops, meals, dance, and council challenge activity.

Transportation to and from activity: On their own

Special conditions of activity: Risks and dangers may include, but are not limited to, falls, falling objects and broken or improperly used equipment, which could result in damage to or loss of property, illness or disease, physical or mental injury or death of participant or other persons. Injuries that may result from participation in this activity may include, but are not limited to, cuts, bruises, sprained joints, broken bones, psychological trauma, infection, and death.

Medical Condition

Participant should be free from any known physical or health problems that could prevent participation in the activities associated with the program or activities described above.

Listed below are known allergies and medical or physical conditions that may restrict my participation in the program (write none if none):

If these conditions could cause a medical emergency during the program, a medical doctor has to be consulted prior to the program and a written statement must be obtained from the medical doctor stating that the condition should not be a problem during participation in the program. The doctor's statement must accompany this document.

Medical Treatment Consent

Consent is expressly given in the event of injury for any emergency medical aid, anesthesia and/or operation, if in the opinion of the attending physician such treatment is necessary. The participant and Parents or legal guardians are financially responsible for any and all treatments provided to the participant by the attending physician and hospital.

Liability Release

I further agree to release Utah State University, its officers, employees, agents and volunteers from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness or harm of any kind or nature arising out of participating in the aforementioned activity whether caused by negligence of releases or otherwise except that for which they are solely responsible.

Photo Release

Participants in USU events are sometimes photographed and videotaped for use in USU promotional and educational materials. I authorize USU to record and photograph my image and/or that of my child for use by USU or its assignees in research, educational and promotional programs. I understand these audio, video; film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees.

I have read and understand the nature of the activity and its inherent risks and I knowingly give consent for participation.

Participant's name: (please print) _____

Participant's signature: _____

Under 18 years of age

Parent or Legal

Guardian Signature: _____ Date: _____

**This form must be presented onsite the day of the program in order for you to participate. No exceptions.
Youth participant forms signed by advisors will not be accepted!**