

AQUINAS COLLEGE

PROGRAM RELEASE FORM/CONSENT

*This form must be completed and signed by a parent or guardian if the participant is 17 years old or younger.
The information collected on this form will only be used in an emergency or medically necessary situation.*

PROGRAM INFORMATION

Camp/Program Name	Program Dates	Department or Unit Sponsoring Program
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PARTICIPANT INFORMATION

Participant First Name (Print)	Middle Initial	Last Name	Age	Birthdate
Home Street Address	City	St	Zip	
Home Phone	Cell Phone	Email Address		

PARENT OR GUARDIAN INFORMATION (IF MINOR)

First Name	Last Name	Relationship to Participant
Home Street Address	City	St Zip
Home Phone	Cell Phone	Email Address

IN CASE OF EMERGENCY CONTACT

First and Last Name	Home Phone	Cell Phone
First and Last Name	Home Phone	Cell Phone

INSURANCE INFORMATION

Insurance Company Name	Plan Type (HMO, PPO)	Policy/Claim Number
Subscriber's First and Last Name	Subscriber's Home Phone	Relationship to Participant

MEDICAL HISTORY

	YES	NO
Does the participant have any chronic health problem or illness?		
Does he or she have any acute illness now?		
Has the person been treated recently for some medical problem?		
Does he or she have any allergies?		
Does he or she have any allergies to medication or local anesthetics?		
Date of his/her last tetanus shot _____		
List any medications he or she is now taking for treatment of any medical problem:		

MEDIA/PHOTO RELEASE

Participants in Aquinas sponsored programs and activities may be photographed and videotaped for use in Aquinas promotional and educational materials. The participants are not identified by name in the materials.

I (parent/legal guardian), authorize Aquinas to record the image and voice of the subject named on this form. I understand that such images and/or recordings may be used for educational and promotional purposes. This authority extends to all conventional and electronic media, including the Internet, any future media, and to any printed material. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any manner without compensation or liability, in perpetuity.

TRANSPORTATION RELEASE

When the nature of a program so requires, College personnel with parent/guardian approval may travel with, and transport minors to and from program activities. College programs must comply with College policies regarding drivers and vehicles.

I (parent/legal guardian) recognize that while attending this program, my dependent may need to be transported to and from activities related to the program. I have read the session descriptions and approve participation for my dependent minor. I accept any risks associated with the assigned sessions and outlined transportation needs.

**Transportation Authorization Form must also be filled out if minor will be leaving the program at a non-scheduled time.*

CONSENT, ASSUMPTION OF RISK, WAIVER AND RELEASE

I (parent/legal guardian if minor), recognize that while attending this program, medical treatment on an emergency basis may be necessary for me/my dependent minor, and I further recognize that the program director may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

I understand that sessions may entail field trips and/or campus facility tours. I also understand that participants may engage in athletic or other recreational activities that have special risks. I have read the session descriptions and approve participation for myself or my dependent minor. I accept any risks associated with the assigned sessions and selected recreational activities.

I understand the novel coronavirus, COVID-19, is extremely contagious and is believed to spread mainly from person-to-person contact. Purchaser acknowledges the contagious nature of COVID-19 and voluntarily assume the risk that he/she may be exposed to or infected by COVID-19 upon entry and in-person contact with others on Aquinas Property and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I specifically indemnify and hold harmless Aquinas College, its agents, and employees from and against all claims, damages, losses, and expenses including attorney fees arising out of, or resulting from claims by or judgment from this activity. I release, indemnify and hold harmless Aquinas College from all liability claims for any injury, illness, death or loss of or damage to property which my child suffers while participating in the above activity.

I have carefully read this agreement and understand its contents. I am aware this is an assumption of risk, waiver and a release of liability and I sign it voluntarily. I also understand that this is a consent of permission for my dependent minor to participate in all activities outlined for the program.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date