

1. **PROGRAM INFORMATION**

PROGRAM NAME: FINE ARTS DAY CAMP - SVSU Department of Theatre

DATE(S): June 20-24, 2022

2. **PARTICIPANT INFORMATION**

NAME: _____ **AGE:** _____ **DOB:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

CELL PHONE NUMBER: _____

3. **PARENT/GUARDIAN INFORMATION (if participant is under the age of 18)**

NAME OF PARENT/LEGAL GUARDIAN: _____

CELL PHONE: _____ **ALTERNATE PHONE:** _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION #1

Daytime Phone Number: () _____ **Other Phone number:** () _____

EMERGENCY CONTACT INFORMATION #2

Daytime Phone Number: () _____ **Other Phone Number:** () _____

4. **MEDICAL INFORMATION**

Ability to Participate. The Participant is in good health and able to participate in all activities. The Participant has no known impairments, conditions or other health problems which would be adversely affected by, or which would reasonably preclude Participant from safely participating in this program. **If a condition does exist, it is noted below:**

If the Participant is currently being treated by a physician for an injury or illness, please explain:

Please list all health concerns: _____ Please list all medications currently being taken: _____

Health Insurance Carrier: _____ **Policy #:** _____

Name of Policy Holder: _____

Allergies, dietary restrictions & other impairments related to Program activities:

Emergency Care Authorization. I authorize SVSU to arrange for emergency care for the above named Participant. If illness or injury occurs while participating in this program, I am responsible for all health care expenses. I hereby exempt, release and hold harmless SVSU, its trustees, officers, employees, agents and/or volunteers from any and all liability claims or causes of action whatsoever arising out of, or which may result from the above named Participant's attendance at the program stated above.

5. PICK UP AUTHORIZATION

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named Participant will not be permitted to leave the Program with anyone who is not listed below. Authorized individuals must pick up children in person and may be requested to show identification to Program staff when picking up a Participant. Participants will not be released to persons who fail to provide acceptable identification upon requests.

AUTHORIZED PERSON	PHONE NUMBER	RELATIONSHIP TO CHILD

My son/daughter is at least 16 years of age and will be responsible for his/her own transportation to and from the Program. My son/daughter may sign him/herself in at the start of the Program activities and sign him/herself out at the end of Program activities.

If there are special arrangements that need to be made after this form is filled out, I will inform the director of the Program.

6. PERMISSION (if participant is under the age of 18)

I hereby give permission to _____ to participate in _____.
 (Minor's Name) (Program Name)

7. RELEASE AND INDEMNIFICATION (must be signed by participant or parent/legal guardian)

Release, Indemnification & Assumption of Risk. In consideration for Participant being allowed to participate in certain programs and activities of Saginaw Valley State University ("SVSU") which, depending on the program, may include use of SVSU's facilities and equipment or travel off-campus, I agree on behalf of myself and/or the minor Participant (if applicable), and any next of kin, heirs, executors, personal representatives, successors and assigns as follows:

- a. ASSUME ALL RISK, with the full understanding and acknowledgment that there are risks in any activity and that participation in such activities and/or use of such equipment may result in injury or illness or damage to personal property. The participant takes full responsibility for any bodily injury, death or property damage that may result from such participation.
- b. EXEMPT, RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE SVSU and its trustees, officers, agents, employees and volunteers (including, without limitation, its students working as event staff) and other participants from any and all claims or causes of action whatsoever for injury to the person or property of Participant, including death, arising out of, or which may result from the above-named individual attending this program, including any claims or causes of action resulting from the negligence of any person(s) involved in the program, but not including any intentional misconduct committed by any such person(s).
- c. INDEMNIFY AND HOLD HARMLESS SVSU and its trustees, officers, agents, employees and volunteers (including, without limitation, its students working as event staff) from and against any and all liabilities, injuries, losses, expenses (including, without limitation, reasonable attorneys' fees) and/or other damages, incurred by any of them as a result of any claims or causes of action brought against them by or in the right of the above-named individual, or due to any injury to persons or property caused by said individual, arising out of, or in any way resulting from the above-named individual's attendance at the program listed above.

Miscellaneous. Participant further agrees that this Release is intended to be as broad and inclusive as permitted by law and that if any portion is held invalid, it is agreed that the balance of the Release shall continue in full force and effect. This Release shall be governed by Michigan law.

I have read and agree with all of the above and that this agreement shall be binding on my and/or the minor Participant's heirs, successors, assigns, administrators or executors.

Printed Name of Participant or Parent/Legal Guardian: _____

Signature of Participant or Parent/Legal Guardian: _____ **Date** _____

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8. **Optional: Use of Work Product.** Any work produced by Participant through this program may be used or published by SVSU with the Participant's name, voice, and biographical information in connection with such recordings/publishing.

****INITIAL HERE TO OPT OUT OF SVSU'S USE OF WORK PRODUCT:** _____

Optional: Use of Personal Images. Personal images of participants captured during the program through video, photo, voice recording and digital cameras, may be used solely for the promotional purposes of SVSU on websites, brochures and other publications and advertisements. The participant waives any rights of compensation or ownership thereto. **PLEASE NOTE:** No names will be used.

****INITIAL HERE TO OPT OUT OF SVSU'S USE OF PARTICIPANT'S IMAGES:** _____

Saginaw Valley State University does not discriminate based on age, color, disability, gender identity, genetic information, height, marital status, national origin, race, religion, sex (including pregnancy), sexual orientation, veteran status, weight, or on any other basis protected by state, federal, or other applicable law.