

High School Summer Program Participant Information and Release Form

This form MUST be completed for each participating teacher and student. Return forms to the Craft Center before 5/22/2020.



I. GENERAL INFORMATION

Name of Participant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Person Responsible for Medical Coverage/Costs: _____

Parent or Legal Guardian: _____

Parent/Guardian Address (if different from Participant's address): _____

Parent's/Legal Guardian's: Home Phone: _____

Work Phone: _____ Cell Phone: _____

Primary Emergency Contact Information:

Name: _____

Address: _____

Telephone: _____ Cell: _____

Secondary Emergency Contact Information:

Name: _____

Address: _____

Telephone: _____ Cell: _____

Teacher's Name: _____ _____
School Attending: _____ _____

II. MEDICAL INFORMATION AND AUTHORIZATION

A. Authorization, Release and Indemnification

By signing this document, I grant TTU permission to authorize emergency medical treatment if deemed necessary by TTU. I agree that TTU assumes no responsibility or liability for any injury or damage that might arise out of or in connection with such authorized medical treatment. I further state that I have adequate health insurance necessary or in the absence of health insurance, I will be financially responsible to pay for any medical costs that may be incurred during or arising from my child's participation in this activity. I also agree to indemnify TTU for any liability, including attorney's fees, for any actions brought against TTU for any unpaid medical costs or bills incurred by Participant.

B. Insurance Information

I understand that Tennessee Tech University does not offer any form of insurance for Participant while participating in Event/Program. Please check the applicable box:

- I have insurance and have attached a copy of the front and back of the card.
- I do not have insurance.

C. General Medical Information

a. Does participant have any medical conditions that you or your doctor feel would limit camp participation? YES NO

If yes, identify and explain:

b. Is participant currently taking medication that may interfere with ability to safely participate in Program? YES NO

If yes, please indicate the medication and the condition being treated:

c. Does participant have a history of allergies or reactions to medications, insect stings, or plants? YES NO

If yes, please explain:

d. Does participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware? YES NO

If yes, please explain:

e. Approximate date of last tetanus shot: _____

f. Please describe any other conditions of which we should be aware.

III. DEPARTURE (not applicable to participants 18 years of age or over. Add your teacher if applicable)

At departure, my child may be released ONLY to the custody of the following people:

1. _____
2. _____
3. _____
4. _____

Minor participants will NOT be released to anyone other than individuals listed above.

IV. PERMISSION TO RESIDE IN TENNESSEE TECH HOUSING

I give permission for participant to reside in Tennessee Tech Housing for the duration of the Program. YES NO

V. Photo/Video Consent

Intending to be legally bound, I do hereby irrevocably consent to and authorize Tennessee Technological University, its officers, employees and agents, (the "University") to use existing photographs, photograph, video tape, record, publish, re-publish, broadcast, re-broadcast, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse my name, image/likeness or voice in any media or technology now known or hereafter developed in connection with any product or service or promotional or informational campaign undertaken by the University in all markets as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. University may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or nonprofit.

Signature of Participant's parent or legal guardian

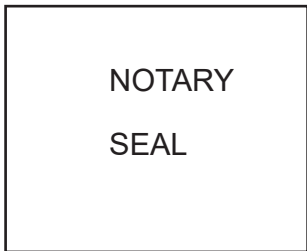
Date

Printed name of Participant's parent or legal guardian

Signature of Participant if 18 years of age or over

Date

Sworn to and subscribed before me this _____ day of _____, _____.



Commission Expires: _____

Signature of Parent or Guardian

Notary Public Signature