



UNIVERSITY OF VERMONT (UVM)
MINOR STUDENT INFORMATION AND RELEASE OF LIABILITY
SUMMER UNIVERSITY

Participant's Complete Name: _____

Program Name (please check the program you are attending):

- Theatrical Singing Intensive
- World Debate: World Schools Workshop
- World Debate: National HS Policy
- Other (Please specify): _____

By signing this form, I acknowledge that I have read the program schedule and understand the activities involved.

The following person(s) **may** pick up my child: _____

The following person(s) **may not** pick up my child based on a court order (a copy of the applicable court order may be required): _____

FERPA WAIVER

I am enrolled in the program named above at the University of Vermont. The program dates are: [listed above] I [WILL OR WILL NOT] be staying in University housing during the course of the program. My participation in this program may result in the creation of records that may come under the confidentiality protections of the Family Educational Rights and Privacy Act ("FERPA"). By this release, I give the University of Vermont, including any University official with responsibilities related to my participation in Summer University Programs at UVM, to provide information to my parents/guardians, [named below], regarding my performance and/or conduct during the course of the program.

Student Name _____

Student Signature _____

Date: _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Date: _____

LIABILITY WAIVER

To the best of my knowledge, my child is in good health and can participate in the types of activities listed below with or without reasonable accommodation (such accommodation to be noted below). I do not anticipate that my child will have any health problems while participating in UVM activities, however, I have made UVM aware of medical conditions and/or medications that my child takes through this registration process.

I have provided information to UVM staff regarding any reasonable accommodations my child might require for participation in the program including pertinent information about which emergency medical personnel should be informed in the event such care is required or advisable.

Please note that certain prescription medications may require administration by a UVM employee. Should your child need assistance with prescription medications, we will contact you over the phone to make arrangements.

I give permission for my child, _____ (name) to participate in Summer University at UVM. I understand that even after reasonable precautions have been taken, UVM activities may involve hazards, including the risk of serious bodily injury or death, and that UVM cannot ensure my child will remain free of injury.

While participating in UVM programs, students will attend lectures, and eat in campus dining halls. Students may also have the opportunity to use the gym, track, swimming pool, play volleyball on the grass, play basketball (indoors or outdoors), attend movies off campus, go to a barbecue, go on field trips and engage in other similar activities both on and off-campus .

UVM provides adult supervision while students are participating in off campus program activities, however, students may be unsupervised while moving around on campus between dining halls, classrooms, residence halls, library, and other campus facilities.

For **World Debate Institute**, Students must remain in the dormitory between 10:00 PM and 7:00 AM. Students who travel off campus on their own, without a UVM staff person, or who try to leave the dormitory between the hours of 10:00 PM and 7:00 AM may be removed from the program without refund. **For all other programs**, there is no direct supervision while students are in the residence halls, though Residence Life Staff are on-call and available for any issues or concerns.

I understand that there are risks of injury inherent in UVM activities including without limitation, broken bones, head and eye injuries, sprains, strains, drowning, or death. I acknowledge that all risks cannot be prevented and I agree to hold harmless and indemnify UVM, its trustees, officers, employees and agents from any and all losses, penalties, injuries, damages, settlements, costs or other expenses, liabilities, claims, or causes of action arising out of my child's participation in activities associated with this program. I warrant that my child is in good health and has no medical condition that with or without reasonable accommodation would prevent my child from participating in program activities. I give my child permission to participate in all program related activities, including field trips. I permit UVM personnel to dispatch emergency medical services for my child if necessary. UVM does not provide direct medical treatment to participants. I acknowledge that the University does not provide health and accident insurance for summer program participants and I agree to be financially responsible for any medical bills incurred as a result of any and all medical treatment.

My child has reviewed the UVM Code of Student Rights & Responsibilities and the UVM Housing Terms and Conditions and agrees to abide by these rules. My child's failure to comply with the Code of Student Rights and Responsibilities and/or the Housing Terms and Conditions shall cause my child to be removed from the program without any refund.

By signing below, I acknowledge that I have read and understand the terms contained herein and I agree to these terms as consideration for my child's participation.

The terms of this Agreement shall serve as a release and assumption of risk for my heirs, estate, executor, administrators, assignees, and all members of my family.

Student Name _____

Student Signature _____

Date _____

Parent/Guardian Name (print) _____

Date: _____

Parent/Guardian Signature: _____

CONSENT FOR USE OF IMAGE

I hereby consent and authorize the University of Vermont to use photographs of my likeness and voice in the production of the marketing promotional materials, including print, advertisements and web site.

I waive all rights that I may have to any claims for payment or royalties in connection with my likeness in the University's promotional materials, regardless of whether such use is under philanthropic, commercial, educational, institutional, or private sponsorship.

- UVM may use my image in promotional and other materials
- UVM may not use my image in promotional and other materials

PLEASE RETURN A SIGNED COPY OF THIS FORM TO UVM CONTINUING EDUCATION VIA:

MAIL: Summer U Forms
Attn: Nichole Hathaway
460 S. Prospect St.
Burlington, VT 05405

FAX: (802)656-0988