

RELEASE & HOLD HARMLESS, MEDICAL, PHOTOGRAPHY, & TRANSPORT CONSENT AGREEMENT

In order to participate in the program, the Parent/Guardian of a Minor must complete this form and submit it to the Program Director. Counselors must complete this form and submit it to the Program Director.

_____ **(Initials or N/A) For Parent/Guardian of Minor.** I am the Parent/Guardian of _____
_____ (“Participant”) who is under eighteen years of age, and I am fully competent to sign this Agreement.

_____ **(Initials) For Parent/Guardian of Minor or Counselor.** I give permission for Participant to participate in _____ (hereafter “the Program”). For programs involving tools, weapons, chemicals, water activities, sports/physical activity, or any activity with inherent risk, I acknowledge that the risk of injury from the activity involved in the Program is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist. I understand and appreciate the nature of such hazards and risks.

_____ **(Initials or N/A)** In consideration of Participant being permitted to participate in the Sports Program, I, on behalf of myself, my heirs, successors, and assigns, and as parent or legal guardian of Participant, **KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE of the Sports Program, The Citadel, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns**, and I assume full responsibility for my child’s participation in the program.

_____ **(Initials)** I, on behalf of myself, my heirs, successors, and assigns, and as parent or legal guardian of Participant, **HEREBY RELEASE AND HOLD HARMLESS the Program, The Citadel, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns**, (“Releasees”), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, that may result from or occur during Participant's participation in the Program.

_____ **(Initials)** I further agree to indemnify and hold harmless **The Citadel, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns**, from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in **the Sports Program**.

_____ **(Initials) MEDICAL CONSENT**

- 1. ROLE of PARTICIPANT at PROGRAM: [Check one.]**
 Minor [Complete #2.] Counselor [Skip to #3.]

- 2. INFORMATION ABOUT MINOR’S PARENTS or GUARDIANS**
Name of Parents/Guardians: _____ Home Phone: _____
Mother’s Day Phone: _____ Mother’s Mobile Phone: _____
Father’s Day Phone: _____ Father’s Mobile Phone: _____

3. EMERGENCY CONTACT

I understand that I will be contacted as soon as possible in the event that my child will need medical attention. If I am not available, please contact:

FIRST EMERGENCY CONTACT

Name: _____ Home Phone: _____
Work Phone: _____ Mobile Phone: _____

SECOND EMERGENCY CONTACT

Name: _____ Home Phone: _____
Work Phone: _____ Mobile Phone: _____

4. MEDICAL HISTORY (Fill out where applicable.)

A. KNOWN MEDICAL, BEHAVIORAL, and PSYCHOLOGICAL CONDITIONS (Describe): _____

B. ALLERGIES (Describe): _____

C. PREVIOUS INJURIES (Include Dates): _____

5. MEDICATION

A. REGULAR MEDICATION REQUIRED: [Check one.] YES NO
IF YES, LIST MEDICATION, DOSAGE, and TIME of DAY for TAKING

- Medications will only be dispensed from the original pharmacy container labeled with the person's name, medicine name, dosage, and timing of consumption. A program official will dispense the medication. Please note that the Infirmary does not dispense medications except in the event of an emergency.
- Over-the-counter medications must be provided in the manufacturer's container and labeled with the Minor's name, dosage, and timing of consumption.
- The parent or guardian of a minor must provide written authorization before any medication can be dispensed to a Minor.

Medication	Dosage	Time(s) of Day for Taking

B. SPECIAL NEEDS for ACCOMMODATION at PROGRAM (Describe): _____

_____**(Initials) PHOTOGRAPHY CONSENT.** I authorize The Citadel and the Program to use any photographs or videos taken of the minor or counselor listed for publicity purposes. These photographs or videos may be posted to a web page, printed in newspapers/magazines, used in public displays, or used in some other appropriate manner to advertise this program.

_____**(Initials or N/A) PERSONS AUTHORIZED TO PICK-UP & TRANSPORT MINOR TO/FROM PROGRAM.** The following person(s) is (are) authorized to pick-up & transport the minor to/from the program. There are no criminal, civil, legal, or other reasons precluding these persons from maintaining the safety of the minor. _____

_____**(Initials or N/A) MINOR PARTICIPANT AUTHORIZED TO DRIVE TO/FROM PROGRAM.** I authorize the minor participant to drive to/from the program. He/she has a valid driver's license.

_____**(Initials) I HAVE READ THIS RELEASE AND HOLD HARMLESS & CONSENT AGREEMENT, FULLY UNDERSTANDING ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant's Printed Legal Name: _____

Parent's / Guardian's Printed Legal Name: _____

Signature of Parent / Guardian or Counselor: _____ Date: _____
(MM/DD/YYYY)

I also agree to follow all instructions and procedures of the program.

Participant's Signature: _____ Date: _____
(MM/DD/YYYY)