

Minors/Parents/Guardians UVU Informed-Consent and Release Form

This is an **informed consent form for minors**, which identifies risks of participating in a Utah Valley University Community & Continuing Education camp, course, event or program, **hereinafter known as CCEP**, and a **consent form for parents/guardians**. This also serves as the Parent Authorization form to check their child in and out from a CCEP. **PLEASE READ THE ENTIRE FORM CAREFULLY!**

STUDENT:

Injury may result from your participation in this Community & Continuing Education Program (CCEP). You are expected to familiarize yourself with the CCEP and what is required, rules of conduct for the CCEP as well as Utah Valley University policies. You are expected to follow proper operating procedures including safety procedures as outlined by the CCEP instructor, plus any directions given by an authorized Utah Valley University employee.

I, _____, (print name of student) acknowledge that I have familiarized myself with the CCEP and what is required, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by an authorized school employee.

_____ (Signature of student) Birthdate _____

PARENT/GUARDIAN:

The undersigned, the legal guardian of _____ (hereinafter "student") a participant at a CCEP at Utah Valley University, under eighteen years of age, in consideration of participation in a camp/course at Utah Valley University, do hereby agree to this consent.

I recognize that participation in a Community & Continuing Education camp, course, or program at Utah Valley University may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There may also be associated health risks. I state that student is free from any known heart, respiratory or other health problems that could prevent student from safely participating in any of the activities.

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover participant in the enrolled CCEP at Utah Valley University.

Name _____ **Date** _____

Signature _____

(Parent or legal guardian signature if participant is under 18 years old)

Scratch Camp attendee – my child named above has my permission to create an online account & share projects online. To create an account, my child must give an email address.

I give permission for Utah Valley University Community & Continuing Education marketing department to take & publish pictures of my child participating in Youth Camps/Youth Classes. These pictures will be used for marketing purposes.

Emergency Contact Name _____

Emergency Contact Phone# _____

Relationship to Participant _____