



ATTENDEE/MINOR INFORMATION:

Full Name _____ Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
Age: _____ Gender: _____

NAME OF SPONSORING ORGANIZATION: _____
(Please list the organization bringing the minor to campus).

EMERGENCY CONTACT INFORMATION:

Name: _____ Relation to Participant: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Place of Employment: _____

WAIVER:

I understand that participation by my child in the Southern New Hampshire University program with my Sponsoring Organization involves a certain degree of risk. I also understand that participation in the Program is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In the event that medical treatment for my child is required, I authorize a representative of either Southern New Hampshire University or the Sponsoring Organization bringing my child onto Southern New Hampshire University property (hereafter the "Sponsoring Organization") to take my child to be treated at a nearby hospital. I also understand that my insurance is primary if medical treatment is rendered.

In case of an emergency involving my child, I understand that effort will be made by Sponsoring Organization personnel to contact me or the individual I have listed with the school as the emergency contact person. In the event that neither I nor the emergency contact person can be reached, permission is hereby given to the medical provider selected by those in charge of the Program to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the supervisors of the Program, and/or any physician or health care provider involved in providing medical care to my child, including examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the me, and/or determination of my child's ability to continue in the Program activities.

I have carefully considered the risk involved and give consent for my child to participate in these activities. I approve the sharing of the information on this form with program administrators and professionals who need to know of medical situations that might require special consideration for the safety of my child.

In consideration for the permission granted by Southern New Hampshire University and Sponsoring Organization for Minor to participate in this Event, on my behalf and on behalf of the Minor, and each of my and the Minor's heirs, executors, and administrators, I hereby **waive and release** any and all causes of action, claims, suits, damages, and judgments, in any form whatsoever, arising from or by reason of any and all known or unknown, foreseen or unforeseen bodily or personal injuries (including death) or property damage, resulting from the Minor's participation in the Event and related activities, against Southern New Hampshire University and Sponsoring Organization and their employees, administrators, trustees, volunteers, and agents.

IN WITNESS WHEREOF, and intending to be legally bound, I have executed this document below.

Signature of Parent/Legal Guardian: _____ Date: _____