

Expanding Your Horizons Albuquerque, New Mexico Release Form



The following information must be filled out by a guardian/parent before the participant is officially registered to attend the EYH Albuquerque, NM Conference at the University of New Mexico.

Participant's Name: _____

Parent/Guardian Name: _____

Liability Release:

Participants shall remain liable and hold EYH Albuquerque, New Mexico, EYH Albuquerque volunteers, and University of New Mexico harmless for any liability arising from their participation in the February 3, 2018 Albuquerque Expanding Your Horizons Conference at the University of New Mexico, except injury or damages that may occur because of the sole negligence, or willful and wanton misconduct of the University, University's officers, agents or employees.

Photo Permission:

I give my permission to use photos or videos that include the above named participant for the purpose of publicizing and promoting future Expanding Your Horizons conferences. I understand that the images and recordings may be published in local newspapers, the Internet, or used in other marketing material promoting the EYH conference at the University of New Mexico. Names and other private information such as addresses, phone numbers, email or schools will NEVER be published.

Signature of parent/guardian

Date

Fax release to (505) 243 -2700, or scan and email to abqeyh@gmail.com.
Questions? Call Rochelle, (505) 243-3200.

MINOR PARTICIPANT WAIVER AND NOTICE OF RISK

Activity Title	
Activity Description	
Start & End Dates	
Participant's Name	
Parent or Legal Guardian Name	
Parent or Legal Guardian Contact Information (Address and phone number)	
Name of (and Contact Information for) Authorized Pick-Up (if authorizing an individual other than the parent/guardian)	

The University of New Mexico (“UNM”) welcomes you as a participant in this activity, including the use of UNM facilities and equipment. Please read through the following important information.

I exercise my own free and voluntary choice to participate in the designated activity, including use of facilities and equipment provided by UNM. **I understand and assume all associated risks of the designated activity. These risks include, but are not limited to**

Program Leader: Please include risks specific to the activity.

Knowing the above identified risks, and in consideration of being permitted to participate in the Program, I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of my child’s participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge UNM, its Board of Regents, its officers, employees or agents, from any and all claims, damages, and injuries arising out of my activities, including the use of equipment and facilities provided by UNM.

UNM does not provide health insurance for individuals participating in activities made available or sponsored by UNM. As such, you or your personal health insurance will be responsible for payment of medical services and care for any injuries sustained during the designated activity.

Participants in University activities are sometimes photographed and videotaped for use in UNM promotional, educational and research programs. Such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees. I authorize the use of the participant's image to be used in all forms and in all media for any lawful purpose.

I agree that this waiver and assumption of risk is intended to be as broad and inclusive as permitted by the State of New Mexico and that if any portion is held invalid, the remainder will continue in full legal force and effect.

I hereby certify that I have read and understand the provisions above and, as the parent or legal guardian of the participating minor, accept the above terms and grant permission for participation on behalf of the minor.

Print Participant's Name	Date
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Print Parent/Legal Guardian's Name	Parent/Legal Guardian's Signature	Date
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Print Parent/Legal Guardian's Name	Parent/Legal Guardian's Signature	Date
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**MINOR PARTICIPANT
EMERGENCY CONTACT AND MEDICAL RELEASE FORM**

Name of Minor Participant: _____ **Date of Birth:** _____

Name of Parent or Legal Guardian: _____

Address: _____
Street Address
City
State
Zip

Home phone: _____ **Business Phone:** _____ **Cell Phone:** _____

Emergency Contacts/Authorized Pick-Ups: (required)

Please list other possible individuals who may be contacted in case of emergency if you are not available, and whether or not they are authorized to pick up the minor. Please note, any person not listed below WILL NOT be permitted to pick up the minor without written permission from a parent or legal guardian.

Name	Phone	Pick-Up?	Relationship to Minor
1.		YES / NO	
2.		YES / NO	
3.		YES / NO	

Medical Conditions/Allergies: (required)

If the minor has any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g., epilepsy, allergies, asthma, disability, anxiety, depression, etc.) including medications currently taken. Use reverse side if necessary.

Medical Condition(s):	Medication/Dosage:	With Minor?
		YES / NO
		YES / NO
		YES / NO
Allergies:	Describe reaction:	Severity?
		LOW/MED/HIGH
		LOW/MED/HIGH

Primary Care Physician's Name: _____ **Phone:** _____

Health Insurance Company Name: _____ **Policy Number:** _____

I verify that all the information provided is correct and complete. I realize that participation involves an inherent potential risk. In the event of an emergency, I authorize the University of New Mexico ("UNM") and its agents or representatives to make arrangements as reasonably necessary to ensure my child's welfare. In the event of an emergency, permission is granted to UNM to authorize emergency transportation, emergency medical care and/or treatments and hospital care for the minor. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature of Parent/Legal Guardian

Print Parent/Legal Guardian Name

Date