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| Macintosh HD:Users:kristalray:Desktop:SnowCode LogoBlue-ver2.pdf | | |
| **Parental Consent Form** | | |
| PARTICIPANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | HOST LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| MEDICAL INFO & RELEASE | | |
| Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Emergency Contact / Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| Does the child have any health problems that require special consideration? ☐ Yes ☐ No | | |
| If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| If the family physician is not available, may we call another physician? ☐ Yes ☐ No | | |
| Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| NOTE: /\*Snow.Code\*/ and the Host Location (HL) does not carry accident insurance policies on participants. A participant’s parent or guardian is responsible for costs incurred as a result of an accident or injury. The undersigned, the legal guardian of the above named minor participant (hereinafter ”participant”), in consideration of the participant’s being allowed to participate in /\*Snow.Code\*/, does hereby agree to this consent.  **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 my child’s participation in Snow College’s /\*Snow.Code\*/ program.** | | |
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| Parent / Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **PHOTO RELEASE** *Photograph, Movie Film, Videotape and/or Sounder Recording AUTHORIZATION AND RELEASE* | | |
| I hereby grant Snow College, its legal representatives, agents, successors or assigns, permission to use (participant’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ likeness in photographs, video and/or sound records, or any part thereof in any and all of its publications, including online, without payment or any other consideration. I understand and agree that these materials will become the property of Snow College. I hereby irrevocably authorize Snow College to edit, alter, copy, exhibit, publish or distribute the photographs, video and/or sound records, for purposes of publicizing Snow College programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.  I hereby hold harmless and release and forever discharge Snow College legal representatives, agents, successors or assigns, from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.  I hereby certify that I am the parent or guardian of the participant named above, and do hereby give my consent without reservation to the foregoing on behalf of this person. | | |
| Parent / Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |