



## Consent for Participation



I give my child, \_\_\_\_\_, permission to participate in the VOICEup  
YOUth CAN! Summer Camp at Penn State Berks Campus from 9am-3:30pm from July 8-11, 2019.

### STUDENT INFORMATION

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

School: \_\_\_\_\_

Grade for 2019-2020 school year: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

### MEALS

Lunch and snacks are provided each day.

Dietary Needs: \_\_\_\_\_ Vegetarian Meals \_\_\_\_\_ Other \_\_\_\_\_

Food Allergies (please explain): \_\_\_\_\_

**SPECIAL ACCOMMODATIONS** YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**PHOTO RELEASE**

I give permission for my above registered child to appear in photographs/video taken in 2018 during this event. These photographs/video may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER and RELEASE FROM LIABILITY**

This is a legally binding contract. Please read carefully before signing.

Activity (the "Activity"): YOUth CAN! Summer Camp

Date of Activity: July 8-11, 2019

In consideration for permitting the individual identified below as "REGISTRANT" to participate in this Activity, the below REGISTRANT and REGISTRANT'S PARENT/GUARDIAN, acting for themselves, each other, each of REGISTRANT'S parent(s)/guardian(s), each of their respective executors, administrators, estates, heirs, next of kin, successors, and assigns, and INTENDING TO BE LEGALLY BOUND, HEREBY:

- (A) RELEASE AND DISCHARGE VOiCEup Berks and its affiliated or associated entities, and each of their respective directors, officers, agents, employees, successors, and assigns (together, the "RELEASED PARTIES") from any and all liability arising from the RELEASED PARTIES' conduct, actions, or statements during the Activity, and during travel to and from the Activity, including, but not limited to, liability arising from negligence or carelessness of the RELEASED PARTIES during the Activity, and during travel to and from the Activity. REGISTRANT and REGISTRANT'S PARENT/GUARDIAN release and discharge only the RELEASED PARTIES, and expressly reserve the rights they may have against all other individuals and entities.
- (B) PROMISE NOT TO SUE (or permit another to sue on their behalf) the RELEASED PARTIES for any claims or causes of action released in or by this Waiver and Release from Liability.
- (C) PROMISE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS the RELEASED PARTIES for any and all suits, claims, causes of action, actions, and judgments arising from REGISTRANT'S participation in the Activity, or travel to and from the Activity, and for any and all costs and fees (including attorneys' fees) incurred by any of the RELEASED PARTIES in relation to such suits, claims, causes of action, actions and judgments.

REGISTRANT'S PARENT/GUARDIAN does hereby represent that he/she is authorized to act, and is in fact acting, as REGISTRANT'S parent and/or legal guardian, has knowingly consented to REGISTRANT'S participation in the Activity or Event, and has agreed to the terms of this Waiver and Release from Liability on behalf of himself/herself, REIGSTRANT, and each of the REGISTRANT'S parents and/or guardians.

REGISTRANT'S PARENT/GUARDIAN further agrees to indemnify, defend and hold harmless each and all of the RELEASED PARTIES from any and all suits, claims, causes of action, actions, judgments, costs, and fees, including attorneys' fees, incurred or imposed upon each and all of the RELEASED PARTIES because of any defect in binding, or lack of legal capacity to bind, REGISTRANT and REGISTRANT'S parents/guardian to the terms of this Waiver and Release from Liability.

PERSONAL MEDICAL INSURANCE. I agree to participate and maintain during the term of the Program personal medical insurance for myself/my minor child. I further acknowledge that I am responsible for the cost of any and all medical and health services l/my minor child may require as a result of participating in the Program.

REGISTRANT

REGISTRANT'S PARENT/GUARDIAN  
(required in REGISTRANT is less than 18 yrs. old)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_