

Carroll University

CONSENT AND ACKNOWLEDGMENT OF RISK

Program: **World Affairs Seminar 2011**

Camp Site/Name: **Carroll University**

Date of Session: **June 18 – June 24, 2011**

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

In Consideration of the right to attend and participate in the Program described above, the Participant (and, if the participant is a minor, his or her parent or legal guardian) hereby:

1. Agrees to abide by all rules and regulations established by Carroll University and the above named Program sponsor;
2. Authorizes Carroll University, the Program Sponsor, or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment;
3. Grants to Carroll University and/or the Program Sponsor for any purpose connected with promoting the purposes and goals of Carroll University and/or the Program Sponsor, but not for commercial exploitation, the right to use the participant's name, voice, and likeness in any writings, photographs, films, and recording of the Participant while he or she is participating in the Program, and any biographical information submitted by the Participant, and to use, reproduce, publish, and distribute the same;
4. Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community; certifies that the participant is physically, mentally, and emotionally capable of attending and participating in the Program; assumes all risk of and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the Participant's negligence or misconduct; and indemnifies and holds harmless Carroll University and the Program Sponsor harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of suit and actual attorneys' fees incurred or suffered by Carroll liabilities, obligations, judgments, executions, costs of suit and actual attorneys' fees incurred or suffered by Carroll University or the Program Sponsor as a result of, or rising out of, the Participant's negligence or misconduct;

This consent and Acknowledgment of Risk shall not be amended, supplemented, or abrogated without the written consent of Carroll University and the Program Sponsor.

The Participant (and, if the Participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgment of Risk, and understands its contents.

Parent or Legal Guardian: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian of Participant: \_\_\_\_\_



**RECORD OF MEDICAL HISTORY**

Check the following conditions you have had or are subject to:

Asthma _____	Hay Fever _____	Headache _____
Digestive Upsets _____	Fainting Spells _____	Convulsions _____
Hearing Loss _____	Vision Loss _____	Nose Bleeds _____

Check the following conditions you have had:

Measles _____	Diphtheria _____	Mononucleosis _____	Tonsillectomy _____
Mumps _____	Epilepsy _____	Chicken Pox _____	Appendectomy _____
Pneumonia _____	Polio _____	German Measles _____	Heart Problems _____
Heart Disease _____	Diabetes _____	Sulfonamides _____	Other _____

What vaccinations and immunizations have you had?

	Yes	No	Date (Month/Year)	Please list known allergies
Diphtheria, Tetanus				
Polio				
Measles				
Rubella (German Measles)				
TB Skin Test				

**GENERAL**

1. Do you require any special dietary considerations? Please detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Are there any limitations on the amount or type of physical exercise that you can engage in?

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_  
 \_\_\_\_\_

**TREATMENT AUTHORIZATION**

In the event that the Participant is a minor and needs medical treatment, I request that the parents/guardians listed on the form be contacted to authorize treatment. In the event parents/guardians cannot be reached, the following persons have been given consent to authorize treatment for the Participant:

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**PARENTAL CONSENT FOR TREATMENT OF A MINOR**

If a situation occurs in which the above named Participant is a minor and requires immediate medical attention, and I [or an authorized individual(s)] am unable to give consent, this signed statement will serve as authorization for World Affairs Seminar, the Program Sponsor, or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant’s illness, injury, or incapacity.

\_\_\_\_\_  
*Signature of Parent*  
 (if participant is a minor)

\_\_\_\_\_  
*Date*