

Release of Liability, Assumption of Risk, and Parental Consent Agreement

In consideration of being permitted to participate in the Emory University School of Medicine Summer Science Academy Program, I, the participant, and my parents, if I am under eighteen (18) years old, agree to the following:

1. I understand the nature of the Program and am qualified, in good health, and adequate physical condition to participate in the Program. I further acknowledge that the Program may be conducted in outdoor and indoor locations where injuries can occur.
2. I fully understand that, although the main activities of the Program are not dangerous, there will be activities, i.e. workshops, field trips, etc., that involve risk. These risks may be caused by the actions or inactions of myself or others participating in the Program (including other participants, staff, or volunteers). There may be other risks not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Program.
3. I hereby release, discharge, and promise to hold harmless, now or in the future, Emory University and its respective faculty, students, administrators, directors, staff, volunteers, other participants (collectively, "Releasees") from all liability, claims, demands, losses, or damages on my account. I further agree that if, despite this release and waiver of liability and assumption of risk I, or anyone on my behalf, make a claim against any of the Releasees, I will hold harmless each of the Releasees from any litigation, expenses, attorney fees, loss, liability, damage or cost which any of them may incur as the result of such a claim.
4. I agree that I will, at all times during my participation in the Program, adhere to all safety rules and obey Program rules, policies and guidelines. I agree to abide by the No Smoking/No Alcohol/No Drugs policy while participating in the Program. I understand that the consequences of violating this agreement or in any other way seriously jeopardizing the well being of anyone involved with the Program will result in my being removed from the Program and sent home immediately.
5. I have read this agreement, fully understand its terms, understand that I have given up certain rights by signing it and have signed it freely and without any inducement other than my opportunity to participate in the Program. I intend for this agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.
6. I fully understand that, if I am not of legal age, i.e., under 18 years old, my parent(s) or legal guardian(s) have fully read the above waiver and release and understand it, and that I am fully bound by their signature.

Printed Name of Participant

Signature of Participant

Date _____

Must be signed by parent or legal guardian of participant under 18 years of age:

1. I am a parent or legal guardian of the above named minor participant. I have full legal authority to sign this release, assumption of risk and consent agreement on his or her behalf. I have read and hereby agree to the above terms as binding on myself and my minor child/ward.
2. I hereby give my permission for my child/ward to receive medical treatment if he or she becomes ill or injured during his or her participation in the Program.
3. I also agree to support my child/ward in his or her participation in the Program (i.e., attend special workshops, presentations, workshops, field trips, etc.) when possible, and I will work with the Program's administrators and counselors to help guide the continued positive academic and personal development of my child/ward.

Printed name of parent or legal guardian for minor participant

Signature of parent or legal guardian for minor participant

MAIL COMPLETED APPLICATION MATERIALS AND FEE TO:

EMORY UNIVERSITY SCHOOL OF MEDICINE
SUMMER SCIENCE ACADEMY PROGRAM (RESIDENTIAL)
OFFICE OF MULTICULTURAL MEDICAL STUDENT AFFAIRS
100 WOODRUFF CIRCLE, SUITE 375
ATLANTA, GA 30322