

Emergency Contact Information Form

Child's Name		Date of Birth	
		M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary <input type="checkbox"/>	
Parent's/Guardian's Name		Parent's/Guardian's Name	
Cell	Wk	Cell	Wk
Address:		Address:	
City, ST ZIP Code		City, ST ZIP Code	
Email Address		Email Address	
Is there a legal document affecting child custody rights? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Emergency Contacts			
In the case of an emergency, we always try to contact parent/guardian first. However, we are required to have an emergency contact other than the parent(s).			
Primary Emergency Contact		Secondary Emergency Contact	
Cell Phone	Work Phone	Cell Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	
Additional Pick-up Authorization			
These people are authorized to pick up your child and must show photo ID.			
Name:		Phone number:	Relationship:
Name:		Phone number:	Relationship:
Name:		Phone number:	Relationship:
Stay Connected with Campus			
The University of Oregon places the security and safety of its students, employees and visitors as its highest priority. Parents and Guardians can stay informed by bookmarking the UO alerts page. https://alerts.uoregon.edu/			

Health Permissions and Medical Information Form

Child's Name: _____

Date: _____

Allergies

**** Allergies may require an allergy plan on file prior to program participation****

Does your child have any food allergies? Yes No

If you answered yes, please provide details below:

Please check mark the following places your child can be around the allergen?

Does your child have any non-food allergies? Please list below:

Table

Room

Building

Is medication needed? If so, explain:

University of Oregon does not have Epi Pens on site for general emergency use. An allergy plan should be on file prior to program participation.

Medications

Is your child currently taking any medications? Yes No

Please list if applicable:

Special health considerations we should be aware of:

My child may be given prescribed medication with written parent consent Yes No

My child may be given non-prescribed medication with written parent consent Yes No

Parent's/Guardian's Signature _____

Date _____

Medical Information

In the event of an emergency, staff members will call 911. The parent or guardian of the child is notified as soon as possible.

Hospital/Clinic Preference _____

Physician's Name _____

Physicians Phone # _____

Insurance Company _____

Insurance Phone # _____

Policy Number _____

Sick child policy

I understand that if my child becomes ill, I will find alternative care until my child is symptom-free (of fever, diarrhea, vomiting, communicable disease as defined by Lane County Health department) for 24 hours.

Parent's/Guardian's Signature _____

Date _____

Assumption of Risk / Release & Indemnification of All Claims / Covenant Not to Sue

PLEASE PRINT

Activity Information	
Group:	Date(s):
Activity:	
Activity Description:	
Activity Leader (name, title and phone number):	
Department:	

Participant Information	
Name:	Date:
Email address:	Phone number:
Emergency Contact (name and phone number):	

In consideration of being permitted to participate in any way in the above-described activity (hereinafter called the "Activity"), I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge, and covenant not to sue the State of Oregon, the Board of Trustees of the University of Oregon, and the University of Oregon (collectively, hereafter called the "University"), their officers, employees, and agents from liability from any and all claims including the negligence of the University, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), property loss, economic loss, emotional distress, psychic injury, pain or suffering of any kind, and damages arising from, but not limited to, participation in the Activity.

Name of Participant (please print legibly): _____

Signature of Participant: _____ Date: _____

Assumption of Risks: Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Authorization to participate should not be construed as a requirement to participate. The specific risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to (3) insect bites, parasites, and other diseases, to (4) catastrophic injuries including paralysis and death. In-person activity during the COVID-19 pandemic carries enhanced risks that cannot be eliminated regardless of the care taken to avoid illness or injuries. The University cannot guarantee safety or immunity from the coronavirus. Given the extraordinary coronavirus pandemic, in addition to the above, there is the risks of:

- Contracting, exposure to, and infection resulting from the coronavirus, other viruses or bacteria;
- Quarantine or other inability to travel.

I acknowledge that the above list is not inclusive of all possible risks of participating in the Activity, and I am aware of the risks involved whether described or not. I am aware of how to access information from the Center for Disease Control, the Oregon Health Authority, Lane County Public Health, and similar government agencies to understand updated risks related to the coronavirus pandemic. I agree to make sure that I know how to safely participate in the Activity, and I agree to observe any rules and practices that may be employed to minimize the risk of injury. I have read the previous paragraphs and I know, understand, and appreciate

Assumption of Risk / Release & Indemnification of All Claims / Covenant Not to Sue

these and other risks that are inherent in the Activity. I hereby assert that my participation in the Activity is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY, DEFEND, AND HOLD the University and its officers, employees, and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Medical Treatment Authorization: I understand that an emergency may develop which necessitates the administration of medical care. In the event of injury or illness, I authorize the University to secure appropriate treatment including the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment for me.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

PLEASE READ THE ENTIRE AGREEMENT BEFORE SIGNING.

Name of Participant (please print legibly): _____

Signature of Participant: _____ Date: _____

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST AGREE TO AND SIGN BELOW.

NAME OF PARENT OR LEGAL GUARDIAN (please print legibly): _____

PARENT OR LEGAL GUARDIAN SIGNATURE: _____ DATE: _____



Model Release

I, the undersigned, irrevocably grant the University of Oregon permission to publish, republish, adapt, exhibit, reproduce, modify, make derivative works, distribute, or display my name, image, voice, written testimony, and biographical information in connection with any university product or service. This permission applies to all markets and in any media or technology now known or hereafter developed. The university may exercise any of these rights itself or through any commercial or nonprofit successors, transferees, or licensees.

I waive any right to inspect or approve any work that bears my name, image, voice, written testimony, and biographical information.

Please indicate agreement by signing below. Any releasee under age eighteen must have parent or guardian cosignature.

Name (please print) _____

Phone _____

E-mail address _____

Signature _____

Parent or guardian cosignature (if releasee is under age eighteen)

Notes

Office use

Date _____

Artist _____

Project _____

Model Release

I, the undersigned, irrevocably grant the University of Oregon permission to publish, republish, adapt, exhibit, reproduce, modify, make derivative works, distribute, or display my name, image, voice, written testimony, and biographical information in connection with any university product or service. This permission applies to all markets and in any media or technology now known or hereafter developed. The university may exercise any of these rights itself or through any commercial or nonprofit successors, transferees, or licensees.

I waive any right to inspect or approve any work that bears my name, image, voice, written testimony, and biographical information.

Please indicate agreement by signing below. Any releasee under age eighteen must have parent or guardian cosignature.

Name (please print) _____

Phone _____

E-mail address _____

Signature _____

Parent or guardian cosignature (if releasee is under age eighteen)

Notes

Office use

Date _____

Artist _____

Project _____

2024 NW Cyber Camp Photo Release Form

I hereby authorize NW Cyber Camp, hereafter referred to as "Camp" to publish (or have published by agencies and media) photographs or videos taken on the week of **July 22nd-26th, 2024**, of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Camp's print, online and video-based marketing materials, as well as other Camp publications.

I hereby release and hold harmless Camp (and its organizers, sponsors, hosts and volunteers) from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Camp to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Camp publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Camp, its contractors, its volunteers and any third parties involved in the creation or publication of Camp publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Participant Name (print): _____
(First) (MI) (Last)

Participant Signature: _____ Date: _____

Parent/Guardian Name (print): _____
(First) (MI) (Last)

Signature of Parent/Guardian: _____ Date: _____

PORTLAND STATE UNIVERSITY PHOTOGRAPHIC/VIDEO CONSENT AND RELEASE FORM

I authorize Portland State University (University) to:

- a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium (hereafter the "Recordings").
- b) Use my name in connection with these recordings.
- c) Use, reproduce, exhibit or distribute to any person, including the general public, and in any medium (including print publications, University webpages, digital videos and other internet or social media postings such as YouTube, Facebook, Instagram, Flickr, etc.) these Recordings for the purpose of publicizing and promoting the University, or any other educational purpose the University deems appropriate.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I waive any right to inspect and/or approve the finished product, or the use to which it may be applied. I recognize and authorize that release of these Recordings may often be made to, and used by the public news media or other entities over which the University has no control; and for which the institution bears no responsibility. I understand that all such Recordings, in whatever medium, shall remain the property of the University. This release will remain in effect unless and until revoked by me in a written communication to the University. I have read and fully understand the terms of this release.

Signature

Print Name

Email

Phone

Legal Guardian Signature (if under 18)

Today's Date