

PARENT/GUARDIAN PERMISSION FORM FOR YOUTH PARTICIPANT

Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events hosted at Rutgers, The State University of New Jersey where it is deemed necessary by the event coordinator(s). The form should be submitted prior to the event. The form has six parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, (4) pick-up authorization, (5) code of conduct, and (6) media policy. <u>Be sure to complete all sections and sign where requested!</u>

Information about the Youth Participant and Activity

Name of Youth Participant:						
Address:	(City:	State:	Zip:		
Telephone Number:		Email Address:				
Birthdate:	Grade:	Age at T	ime of Participation:			
Name of Activity/Event:						
Name of Group Sponsoring or P	articipating in this Event:					
Location of Event:	Date(s) of	Date(s) of Event: Time of Event:				
	Parental Permission	and Release of Liabili	ity			
•	ng the health of the above partici this activity. Furthermore, I releas	pant and preventing accid	lents, I release them f	rom any liability in case		
Name of 1	Parent or Guardian (please p	rint):				
Sign Here Signature	of Parent or Guardian:					
,	Medical Emergency Author	rization and Health Int	formation			
I authorize the event coordinator with the instructions provided of accident requiring immediate the seems appropriate to protect the and/or surgeon(s) selected by the necessary to preserve the health parent(s) or guardian(s) in case of	n the label (prescription drugs) of eatment or surgery during this pro- health and physical well-being of the event coordinator(s) to perform and physical well-being of the ab	or below (over-the-counter rogram or activity, I autho of the above participant. To a medical and/or surgical p	medications). In case orize the chaperone(s) his authority extends orocedures including	e of sudden illness or an) to take such action as s to any physician(s) g examinations and tests		
Name of Parent/Guardian	Primary Phone Number	Secondary Phone Numbe	r Email Add	dress		
Name of Additional Emergency Con	ntact Primary Phone Number	Secondary Phone Numbe	r Email Add	dress		
The following information is proparticipant has the following hea	ovided as an aid to the event coor alth conditions: (include allergies	. ,				
Health conditions:						
Medications/Instructions:						
Health Insurance:	Company Group# _		ID#			
Sign Here Signature	of Parent or Guardian:					

Pick-Up Authorization

Name	Relationship to Participant	Primary Phone Number	Secondary Phone Number
Name	Relationship to Participant	Primary Phone Number	Secondary Phone Number
	Authorization for Self-Checkon	ut (For Participants Ages 14	4 or Older)
	ll only be released at the scheduled prog lease select from the check-out options li		signated to the program by the
I do <u>not</u> grant my ch and sign-out my chi	_	s program. Only the individua	ls listed above are authorized to pick-up
	g my child to and/or from the program a pendently at the conclusion of the progra		to travel to and/or from the program
Sign Here Sig	nature of Parent or Guardian:		
	Youth Progra	m Code of Conduct	
	the Youth Program Code of Conduct is ters, The State University of New Jersey.	-	~ .
As a participant in this p	rogram, I will:		
language and bRespect and adlUphold an indiparticipants from	in a courteous manner and treat member ehavior are expected at all times. here to the rules and guidelines of the providual's right to dignity by supporting a m all backgrounds. e and federal laws.	rogram including all those spec	cific to this event or activity.
	dhere to the Youth Program Code of Co ion will be taken at the event to ensure t		
	dhere to the above Code of Conduct, I wing in this event and future programs at	,	tion and potentially prohibited from
I have been given a copy participant for which I ar	of the rules for this event and agree to a m responsible.	abide by them. I have conveyed	d this information to the youth
Sign Here Sign	gnature of Event Participant		Date
			Date
Sign Here Sign	gnature of Parent or Guardian		Date

☐ No, do not use my individual picture for any purpose. I will make an effort to avoid opportunities to be in group photos.

☐ No, do not use my name for any purpose.

ASSUMPTION OF THE RISK & WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

- 1. Rutgers cannot guarantee that any camp participant will not contract COVID-19 (or any other sickness), or that its campuses, buildings, and overall environment will be free from any contagion, such as the coronavirus or COVID-19. As a result, taking steps to minimize the spread of any disease and lowering the risk of infections is a shared responsibility. Every camp participant must do their part to help lower the risk of transmission. This means adhering to national, state, and local health guidelines and requirements, and adhering to those measures Rutgers deems safe and appropriate for its campuses and facilities. Specific details will be provided as circumstances dictate, but this may include temperature checks, testing, social distancing, wearing masks or other facial coverings, using other PPE, frequent hand washing, not reporting to camp if sick, and isolating and self-quarantining when appropriate. Camp participant acknowledges and agrees that any individual on the campus of Rutgers assumes the risk that they may contract COVID-19, or some other virus or sickness. Further, camp participant acknowledges and agrees that Rutgers reserves the right to, in its sole discretion, modify or limit the use of the facilities, or any other element of the camp, in order to comply with any applicable public health mandate or as Rutgers decides is necessary to address the COVID-19 pandemic.
- 2. Rutgers shall have the right, in its sole discretion, to cancel or terminate the camp, at anytime, without penalty and without incurring any liability to camp participant in the event that Rutgers determines, in its sole discretion, that the COVID-19 pandemic has made the operation of the camp impossible or impracticable.
- 3. Camp participant shall release and hold harmless Rutgers University and its affiliates, units, successors and assigns, including its past, present, and future governing bodies, and all officers, agents, and employees from any and all claims, demands, causes of action, suits, judgments and liability of any kind or nature whatsoever (including attorneys' fees) brought by any camp participants arising from the camp.

On behalf of myself (or on behalf of my child in the case of a minor camp participant), I hereby voluntarily agree to these terms and conditions:

	PRINT NAME
Sign Here	
	SIGNATURE