Amherst College Permission & Informed Consent Form for Participant and Parents

See Reverse for Permission and Informed Consent Form

This information will be kept by the faculty member supervising the Minor who is participating in educational or other related activities at Amherst College.

**Participant Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent to be contacted** in the case of an emergency (*Include all phone numbers and other contact information as appropriate)*: Please print clearly.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #s *home* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *work* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*cell*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *other*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Parent or Alternate Person to be contacted** in the case of an emergency:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #s *home* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *work* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*cell*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *other*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Insurance Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release:** If emergency medical treatment is necessary, I hereby authorize any physician selected by Amherst College personnel to order and conduct medical procedures for my child (above named Participant) as necessary. I have indicated all health concerns or medical conditions that could adversely impact or limit my child’s participation in the program (e.g. asthma) or emergency treatment below including drug, food or environmental allergies, (e.g. bee stings). **Parent Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *I affirm that I am authorized to sign on behalf of my child’s other parent, or that I have sole custody of my child.*

**Medical Information:** *(Include allergies or other conditions the College personnel or treating physician may need. Use separate sheet if necessary, and attach it to this form.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release.** Participant hereby consents that all photographs and/or videotapes taken of Participant during the Activity by the Program or its designees, may be used by the Program, and/or others with the Program's consent, for the purpose of illustration and publication in any manner.

Yes – I consent

No – please don’t use my image

**Other Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amherst College Center for Community Engagement**

Location: Amherst College Date: April 26, 2014

## Program Permission & Informed Consent and Assumption of Risk

The Trustees of Amherst College is a non-profit educational institution. References to Amherst College include The Trustees of Amherst College, and its trustees, employees, volunteers, students, agents and assigns.

I freely choose to have my child participate in the Program described above and give my permission for my child to participate in all its activities (henceforth referred to as the Program). I understand that Amherst College is not an agent of, and has no responsibility for, any third party including without limitation any sponsor which may provide any services including food, travel, or any equipment associated with the Program.

I agree that participating in any activity is an acceptance of some risk of injury. I agree that my/my child’s safety is primarily dependent upon my child taking proper care of her or himself. I understand that it is my responsibility to know what my child will need for the Program and to provide what my child will need. I agree to instruct my child to follow all rules and guidelines given by the Program leaders, and to stop and get help if s/he feels unsafe or cannot safely continue in any activity. I will instruct my child to not wear or use or do anything that would pose a hazard to him/herself or to others, including using or ingesting any substance which could pose a hazard to him/herself or to others. I agree that if my child does not act in accordance with this agreement s/he may not be permitted to continue to participate in the Program, and I may be responsible to come to the Program location and get my child.

Despite precautions, accidents and injuries can occur. I understand that volunteering in community activities may be potentially dangerous, and that my child may be injured and/or lose or damage personal property as a result of participation in the Program. Therefore **I, on behalf of myself and my child, ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including but not limited to:

* Death, injury or illness from accidents of any nature whatsoever, including but not limited to bodily injury of any nature whether severe or permanent or not which may occur as a result of participating in an activity or contact with physical surroundings or other persons; arising from travel by car, bus, subway or any other means; or natural disaster or other disturbances.
* Death, injury, illness or loss as a result of a crime or criminal act, terrorism, war, civil unrest, riot, arrest or other act of any government or authority
* Theft or loss of my personal property while in transit or during the Program

I understand and agree that Amherst College reserves the right to alter or cancel the Program at any time.

I grant permission to the staff and to any other adult, volunteer, or otherwise, who is acting as a chaperone and/or resource person in connection with activities organized by the said staff to administer any emergency first aid treatment, which my child may require. Furthermore, I grant permission to the foregoing persons to select a hospital and/or physician for my child to secure any emergency medical treatment, which my child may require.

My signature below indicates that I have read, understood, and freely signed this agreement.

IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_month/day/year

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_month/day/year

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_month/day/year

Both parents must sign unless one parent is designated sole legal guardian.