



**UD K-12 ENGINEERING
PARENT/GUARDIAN RELEASE FORM
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This form must be completed in full, including a signature of Parent or Guardian in order for the child to participate in the event. All medical information provided will be stored in accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

**THIS IS A RELEASE OF LEGAL RIGHTS—
READ AND UNDERSTAND BEFORE SIGNING**

I, _____, give permission for _____ to
(Parent or Guardian) *(Name of Minor Participant)*

participate in the UD K-12 ENGINEERING CAMPUS VISIT/ONLINE EXPERIENCE. As a condition of my child's participation, I confirm that I understand and agree to the following:

1. I understand that my child will participate in a variety of activities during the campus visit/online experience, including visiting in labs, which involve a risk of serious injury. I agree, on behalf of my child, myself, and my family, to assume all risks of injury to my child arising from his or her participation in the campus visit/online experience. I further agree on behalf of my child, myself, and my family to release and hold harmless the University of Delaware, its trustees, directors, officers, employees, servants, representatives, and agents from and against any and all claims, losses, damages, expenses (including attorneys' fees), and liability resulting from injury and/or death of any person or damage to or loss of property arising out of my child's participation in campus visit/online experience activities.
2. I acknowledge that my child must be in good health while attending this campus visit/online experience. There will not be a medical staff person available to dispense medication. Please make sure that medications required by your child are taken before or after the campus visit/online experience, and that if your child is required to carry an epi-pen in case of emergency, that he or she does so and is familiar with its use.
3. I agree to allow the University of Delaware, through its agents or employees, to take whatever action is deemed necessary to protect my child's health and safety without my further consent, including obtaining medical care for my child and/or placing my child in a hospital or in the care of a medical professional. I understand that I am solely responsible for any and all applicable fees and expenses for any service and/or treatment rendered.
4. I understand that I am solely responsible for any and all expenses related to injuries and/or loss or damage of personal property incurred in connection with my child's participation in campus visit/online experience activities.

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5. I agree to accept and abide by any decisions made by the Program Director, or Program Director's representative during the event, to suspend or terminate the attendance of my child due to unacceptable behavior. I understand that the decision to terminate or suspend my child's participation will be in the Program Director's, or their representative's during the event, sole discretion.

6. I understand that photographs, videos, and audio recordings may be taken of my child in connection with his or her participation in the campus visit/online experience and that all rights thereto belong exclusively and unconditionally to the University of Delaware and may be used, reproduced, disseminated, sold, or published without my notification or approval. I hereby agree to release and discharge the University of Delaware, its trustees, officers, representatives, employees, agents, licensees, successors, and assigns from any and all claims my child or I may have for libel, defamation, invasion of privacy, right of publicity, infringement of copyright, or violation of any other right arising out of the use of said photographs, videos, or audio recordings.

7. I certify that my child will be covered by the medical insurance policy listed below while attending this campus visit/online experience. I understand that my child is required to have medical insurance coverage at all times.

Insurance Carrier: _____

Policy Number: _____

Policy Holder's Name: _____

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE FORM AND AGREE TO ABIDE BY ITS TERMS.

(Signature of Parent/Guardian)

(Date)

(Printed Name of Parent/Guardian)

**UD K-12 ENGINEERING
IN CASE OF EMERGENCY**

Child's Name: _____ Gender: _____ D.O.B. _____
(Last Name) (First Name)

Medical Information:

Does this child have any medical conditions that might limit their participation? Yes No

(If yes, please explain) _____

Does this child have any allergies or medication restrictions? Yes No

(If yes, please explain and severity of reaction) _____

Does the child carry a epinephrin self-injecting device (epi-pen) in case of emergency? Yes No

Please note: *If your child is required to carry an epi-pen in case of emergency, please be sure that he or she does so and is familiar with its use. Event staff are not allowed to carry epi-pens for participants.*

Emergency Contacts:

In the case of an emergency, please contact the child's parent/legal guardian(s):

_____ <i>Please print name of Parent/Legal Guardian</i>	_____ <i>Phone Number</i>
_____ <i>Please print name of Parent/Legal Guardian</i>	_____ <i>Phone Number</i>

In the event that the parent/legal guardian(s) listed above cannot be reached, please contact:

_____ <i>Please print name of Emergency Contact & relationship to Child</i>	_____ <i>Phone Number</i>
_____ <i>Please print name of Emergency Contact & relationship to Child</i>	_____ <i>Phone Number</i>

**MINOR PHOTO AND ARTWORK RELEASE
UD K-12 ENGINEERING**

I, as parent or guardian of the minor identified below, hereby grant the University of Delaware, the absolute and irrevocable right and unrestricted permission to use, reproduce, publicly display, and publish any audio, photographic, or videographic images taken of me and/or the minor, and all derivative works thereof, including any likeness or image, in conjunction with my or the minor's name, in print, electronic and all other media, for illustration, promotion, art, publicity, advertising or any other purpose. This grant further applies to all copyrightable works created in whole or in part by me or the minor, and extends to the University of Delaware, its legal representatives, successors and assigns, and all persons acting under its permission or authority (collectively, the "University").

I understand that the images/audio of me, the minor and/or the copyrightable works may be incorporated into other works and may be protectable by copyright, and I agree that any copyright in same shall be the sole property of the University.

I hereby waive any right that the minor or I may have to inspect or approve any materials that may be used in connection therewith, or the use to which it may be put.

I hereby release, discharge and agree to hold harmless the University from all liability in connection with any such activities and materials, as well as any publication thereof, including with respect to any claims relating to copyright ownership, publication, privacy and publicity, and any claim for compensation related to any use of such materials.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release and agreement prior to its execution and that I am fully familiar with the contents hereof.

Name of Minor: _____

Address of Minor: _____

Phone of Minor: _____

Name of Parent/Guardian: _____
(Printed Name of Parent/Guardian)

Signature of Parent/Guardian: _____
(Signature of Parent/Guardian)

Date: _____

Event: _____