

PERMISSION TO PARTICIPATE AND RELEASE AND INDEMNIFICATION AGREEMENT

I, _____, am the parent or guardian of _____ (the "Participant") and hereby give permission for Participant to attend sessions and otherwise participate in _____ on _____ on the University of Delaware ("University") campus.

I certify that I am fully competent to sign this Agreement. I acknowledge that participating in _____ may expose the Participant to hazards or risks that may result in the Participant's illness or personal injury, and I understand and appreciate the nature of such hazards and risks. I recognize that the Participant must abide by all rules established by _____ as well as all applicable laws and regulations and University policies and procedures, and I understand that the Participant's failure to do so may result in the Participant's dismissal from _____.

In consideration of the Participant being permitted to participate in _____, and recognizing that the Participant is doing so voluntarily, I hereby accept all risk to Participant's health and all risk of his or her injury that may result from such participation, and I hereby release the University, its trustees, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant that may result from or occur during Participant's participation in _____, whether caused by the negligence of the University, its trustees, officers, employees and representatives, or otherwise. I further agree to indemnify and hold harmless the University and its trustees, officers, employees and representatives from liability for injury of any person or damage to property that may result from Participant's negligent or intentional act or omission while participating in _____.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE CONFERENCE. I FURTHER UNDERSTAND THAT THIS AGREEMENT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMESD FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND ANY DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent or Guardian

Date

Emergency Contact Name

Emergency Contact Phone Number

PHOTO RELEASE

I, _____, am the parent or guardian of _____ (the "Participant") and hereby grant the University of Delaware (the "University") the absolute and irrevocable right and unrestricted permission to use, reproduce, publicly display and publish any photographic or videographic images taken of the Participant while participating in _____ on the University campus on _____. This grant applies to all derivative works thereof, including any likeness or image, in conjunction with the Participant's name, in print, electronic and all other media, for illustration, promotion, art, publicity, advertising or any other purpose.

I understand images of the Participant might 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 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 such activities and materials, as well as any publication thereof, and any claim for compensation related to any use of such materials.

I have read the above authorization, release and agreement prior to its execution and I understand and am familiar with the contents.

Signature of Parent or Guardian

Date