



PARTICIPANT RELEASE, CONSENT AND WAIVER OF LIABILITY

READ CAREFULLY BEFORE SIGNING

In consideration for my child's participation in the University of Connecticut's Deaf Professional Panel Program, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Program, the University of Connecticut, the University of Connecticut Board of Trustees, the State of Connecticut, the Connecticut Board of Governors, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child (hereinafter "my child" or the "Participant"), or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted.

IDENTIFICATION AND ACKNOWLEDGMENT OF RISK

Program Activities may include, but are not limited to, the following:

1. Deaf Professional Panel Discussion: Hearing Room 2C, Legislative Office Building
2. Deaf Professional Networking Event: Cafeteria, Legislative Office Building

I am fully aware of the risks and potential hazards connected with participating in the Program, including but not limited to, the risk of loss of personal property from theft, injuries associated with

The University of Connecticut's Deaf Professional Panel

, and other injuries that may not be foreseeable and I hereby elect for my child to voluntarily participate in the Program, and engage in such Program Activities knowing that they may be hazardous to my child and my property. All participants in this Program will be immersed into the University of Connecticut community on and off campus. Living on and commuting around campus involves risks, known and unknown, for all persons, including Program participants. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY that may be sustained by my child, or any loss or damage to property owned by me, as a result of my child being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

ACKNOWLEDGEMENT OF GOOD PHYSICAL CONDITION

I further acknowledge that my child is in good physical condition and I do not know of any medical or physical condition or other reason that my child should not participate in the Program or which could interfere with my child's safety in such Program, or else I am willing to assume—and bear the cost of—all risks that may be created, directly or indirectly, by any such condition. I understand that if good physical condition requires the management of a medical condition, my child must be able to self-manage and self-administer any

required medication. My child's participation in any Program Activity is purely voluntary, and I elect to have my child participate in spite of the risks and known or unknown dangers associated with Program Activities.

CONSENT TO MEDICAL TREATMENT

I understand that there will not be any medical staff on-site, and Program staff will not dispense medications. During the Program, I hereby give permission for the appropriate medical attention to be administered to my child in the event of any accident, illness, or injury. In the event of an emergency, 911 will be called and I will be responsible for any and all costs of medical coverage and treatment provided not covered by my child's insurance.

PARTICIPANT CONDUCT EXPECTATIONS

I understand that by participating in the Program, my child is subject to the rules and regulations of the Program, University, and host organizations that may be involved, including, but not limited to:

- Adhering to all Program conduct and behavioral expectations;
- Conducting self in a manner that is appropriate and respectful to fellow Program participants, staff, faculty, volunteers, and the personal property of others;
- Remaining with the Program and within designated Program boundaries;
- Respecting the rights and privacy of others and maintaining proper personal boundaries; and
- Following Program schedules and instruction

My child and I acknowledge that any violation of Program rules and regulations may lead to disciplinary action, including but not limited to, prompt dismissal from the Program, forfeiting associated fees, and denial from participation in future activities. If my child fails to meet behavioral expectations during the Activity, I understand that I will be asked to pick up my child immediately or arrange suitable transportation, and I will do so.

CONSENT TO RELEASE PARTICIPANT FROM PROGRAM

I hereby understand that my child will be released at the scheduled program ending time, unless I designate an alternate release time and provide such authorization to the Program in writing. I also understand that I am responsible for providing up-to-date emergency contact information and for escorting or making arrangements in writing for my child to be escorted to and from the Program. I understand that my child will not be permitted to leave the Program with an unauthorized person, unless I grant my child written permission to travel to and/or from the Program and check out independently at the conclusion of the Program. I further understand that the University is not responsible for participants who are authorized by their parent/guardian to leave the Program without adult supervision.

CONSENT TO PHOTOGRAPHY

I further hereby authorize the University of Connecticut to photograph and/or video record my child during the Program, and use or distribute any picture or video related to Program activities that my child is depicted in. I also authorize use of these materials for publication in brochures, on the websites, or other University of Connecticut promotional material. They may also be distributed to other Program participants, including but not limited to a Program group picture of all participants.

RELEASE AND WAIVER OF LIABILITY

I HEREBY EXPRESSLY RECOGNIZE AND ASSUME ALL RISKS ASSOCIATED WITH MY CHILD'S PARTICIPATION IN THE PROGRAM AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND HOLD HARMLESS THE RELEASEES. I AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorneys' fees, that may incur due to my child's participation in the Program WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. It is my express intent that this Participant Release, Consent and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Participant Release, Consent and Waiver of Liability shall be construed in accordance with the laws of the State of Connecticut.

IN SIGNING THIS PARTICIPANT RELEASE, CONSENT AND WAIVER OF LIABILITY, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducement, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent and I am the parent or guardian of the child participant, and I execute this Participant Release, Consent and Waiver of Liability for full, adequate and complete consideration, fully intending to be bound by same.

Printed Participant Name

Participant's Emergency Contact

Printed Parent or Guardian Name

Signature of Parent or Guardian

Parent/Guardian Emergency Contact

Secondary Emergency Contact