

UNIVERSITY OF WYOMING YOUTH PROGRAM

MEDICAL INFORMATION AND RELEASE FORM

PROGRAM NAME: *Art Intensive 2024*

Completion of this form by a parent/guardian is required before a minor can participate in the Program. The information requested on this form is intended to help inform Program Staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. ***This information will be kept in strict confidence and will only be shared with your permission.*** The University requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. Please answer all questions. **Incomplete forms will be returned to you for the missing information.** Attach any specific recommendations from your physician to this form. **Final determination about whether to participate is the responsibility of the Participant, Participant's parent/guardian, and Participant's physician.** If Participant has any health issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to participating in this Program. If you are uncertain about any preexisting medical condition s, it is your responsibility to consult with your own physician prior to participating.

GENERAL INFORMATION:

First Parent/Legal Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Second Parent/Legal Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact #1 Name: _____

Home Phone Number: _____
Work Phone Number: _____
Cell Phone Number: _____
Relation: _____

Emergency Contact #1 Name: _____
Home Phone Number: _____
Work Phone Number: _____
Cell Phone Number: _____
Relation: _____

MEDICAL INFORMATION

Physician Name: _____
Physician Address: _____
Physician Telephone: _____
Date of most recent tetanus toxoid immunization: _____
Do you have health/accident insurance? YES / NO

Insurance Company Name: _____

Insurance Company Claim Address: _____

Insurance Policy Number: _____

1. Does participant have any limiting medical conditions or chronic/recurring illnesses that would limit camp participation? **YES / NO**

If yes, identify and explain:

2. Is participant currently taking medication that may interfere with ability to safely participate in Program? **YES / NO**

If yes, please indicate the medication and the condition being treated:

3. Does participant have a history of allergies or reactions to medications, insect stings, plants, food, or other substances? **YES / NO**

If yes, please explain:

4. Does participant have a history of, or currently suffer from, medical condition(s) of which we need to be aware? **YES / NO**

If yes, please explain:

5. Does Participant have any behavioral condition(s) of which we need to be aware? **YES / NO**

If yes, please explain:

6. Does the Participant wear any medical appliances (glasses, contacts, orthodontia, etc.)? **YES / NO**

If yes, please explain:

AUTHORIZATION FOR CARE

As the parent/guardian of the Participant I understand the University is not equipped to make mental or medical health diagnoses/determinations or provide mental or medical health care (other than any pre-arranged accommodations) during the Program and any care needs that arise during the Program may require the Participant discontinue attendance at the Program to seek appropriate care. In cases where emergency medical attention is necessary, parents/guardians/emergency contacts will be contacted for approval when possible. However, I hereby grant permission for the University to give or authorize emergency medical treatment to my child during his/her participation in the Program if, in the sole discretion of the University, such care is necessary. I understand and agree that the University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment. I will assume the financial responsibility for any cost of care for my child that may occur during the Program.

As a Participant/parent/guardian I understand and acknowledge that failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name I represent and warrant that I have provided all important information pertaining to Participant's medical, mental and physical condition and that the information provided is accurate and complete. I agree to notify the University of any change in the Participant's mental, physical or medical condition prior to or during the Program.

Except to the extent I have requested a formal accommodation by the University, which requires a separate process, I understand that by revealing or disclosing the above medical information I am providing critical information but it will not be used by the University to determine the Participant's ability to participate safely in the Program activities. I understand that, if Participant chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility Participant, Participant's parent/guardian, and any medical or other advisor Participant engages in assisting what that decision.

Participant Name: _____ Parent/Guardian Name: _____

Participant Signature: _____ Parent/Guardian Signature: _____

Date: _____ Date: _____

UNIVERSITY OF WYOMING YOUTH PROGRAM
RELEASE, ASSUMPTION OF RISK & AGREEMENT TO HOLD
HARMLESS

PROGRAM NAME: *Art Intensive 2024*

PROGRAM LOCATION: *Visual Arts Building*

PROGRAM DATES: *November 15-16th*

- ☐ I am in receipt of a Program itinerary and description of the activities of the Program referenced above. I, the undersigned, wish for my child, identified as the Participant below, to participate in all of the activities of the above referenced Program on the dates listed above and in consideration of my child being allowed to participate I agree as follows:
- ☐ I am aware that while participating in the Program there are dangers, hazards and inherent risks, both known and unknown, to which my Child may be exposed and participating involves a risk of injury or injuries ranging from minor injuries such as bruises, cuts or scrapes, to serious injuries such as paralysis or even death. I am aware that such an injury can limit my child's future life activities, including future earning capacity. I am aware that there are also risks of property damage or loss.
- ☐ I hereby grant permission for the University to give or authorize emergency medical treatment, if necessary, and such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.
- ☐ In consideration of the University of Wyoming, providing my child with the opportunity to participate, I hereby assume all the associated risks and agree to hold the University of Wyoming, its trustees, officers, employees, agents, representatives, instructors, and volunteers and the State of Wyoming harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my child's participation. The terms hereof shall serve as a release and assumption of risk for myself, my child, and my child's and my heirs, estate, executor, administrator, assignees and for all members of our family.
- ☐ I have read the above statement and fully understand the contents, consequences and implications of signing this document.

Participant Name: _____

Participant Address: _____

Parent/Guardian Name: _____

Parent Guardian Signature: _____

Date: _____

UNIVERSITY OF WYOMING

Department of Visual & Literary Arts
Dept. 3138
1000 East University Avenue
Laramie, WY 82071

MODEL RELEASE

I, _____, (_____), do hereby authorize the University

Print student name

Age

of Wyoming, its agents, successors, and assigns, and the *UW Art Intensive 2024* to use

and reproduce photograph(s) in which I appear in official University of Wyoming and *UW Art*

Intensive 2024 publications, including, but not limited to, social media posts and videos for the

University of Wyoming. I waive any right that I may have to inspect and approve said

photograph (or any copy that may be used in connection therewith) or to receive compensation

for the use of said photograph.

Student Signature

Parent or Guardian Signature*

**If student is under the age of 18, a parent or guardian is required to sign.*

City, State and Zip Code

Phone Number

Date