



**INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY
AND ASSUMPTION OF RISK**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE BELOW REFERENCED SYMPOSIUM.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the Marching Southerners Symposium (hereafter "Symposium") at Jacksonville State and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Symposium there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of physical injury, temporary or permanent disability, and death. I further realize that participating in the Symposium may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Symposium. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Symposium.

I, on behalf of my Child, hereby release Jacksonville State University, its Board of Trustees, Administration, employees the Symposium Staff, and all other representatives and agents (hereafter "Jacksonville State") from any and all liability as to any right of action for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Symposium. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless Jacksonville State from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Symposium. I understand that Jacksonville State accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of Jacksonville State to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify Jacksonville State from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Symposium.

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage, or loss as a result of my Child's participation in the Symposium, shall be brought only at the State Board of Adjustments and, if the Board of Adjustments does not have jurisdiction, then only in the Circuit Court of Calhoun County, Alabama.

The terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue) and acknowledge that I am signing this document freely and voluntarily and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

Participant Name _____ Parent Name _____

Parent Signature _____ Date _____

MEDICAL INFORMATION AND CONSENT FOR TREATMENT

AS A CHILD, PARENT OR GUARDIAN I UNDERSTAND THAT: The information requested on this form is intended to help inform staff of any pre-existing medical conditions. If your child 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.** JSU 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. You are accountable for providing an accurate medical history. **Final determination about whether to participate is the responsibility of you and your physician.** If you have any medical issue that is not requested below, but which you think is important, please include that information.

PART 1. GENERAL INFORMATION

Child Name _____ Address: _____

Date of Birth ____ / ____ / ____ Gender: M ____ F ____

Parent/Legal Guardian Name _____ Email: _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Please list two emergency contacts:

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

Emergency Contact #2 Name _____ Home Phone # _____ Work Phone # _____ Cell Phone # _____ Relation _____

PART 2. MEDICAL INFORMATION

If you are uncertain about any pre-existing medical conditions which may limit your Child’s participation in this Symposium., it is your responsibility to consult with your own physician prior to your Child’s participation in this Symposium. Please answer all the questions. If you answer “yes” to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician’s Name _____ Phone Number: (_____) _____

Most recent tetanus toxoid immunization _____

Do you have health/accident insurance? (circle one) Yes No If yes, please indicate policy number, name and address of company. Please also include a copy of the front and back of your insurance card:

Company Name/Address _____ Policy # _____

For the following, circle appropriate response and explain as appropriate:

Does Child have any limiting medical conditions that you or your doctor feel would limit Symposium participation?

Yes No

If yes, identify and explain:

Is Child currently taking medication that may interfere with ability to safely participate in Symposium? Yes No

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

Does Child have food allergies or a history of allergies or reactions to medications, insect stings, or plants? Yes No

If yes, please explain:

Does Child have a history of, or currently suffer from, medical condition(s) with which we need to be aware? Yes No

If yes, please explain:

PART 3: AUTHORIZATION FOR MEDICAL CARE

Unless prior arrangements have been made, urgent medical needs will be handled through the RMC/JSU Health Center. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent. The hospital may not be willing to perform services unless this form is presented at the time of treatment.

My child, listed below, has my permission to receive medical attention in the event of illness or medical emergency while participating in this Symposium. I will assume the financial responsibility for any cost of health care for my child that may occur during this Symposium.

By revealing or disclosing the above medical information it will not be used by JSU personnel or employees to determine my child’s ability to participate safely in activities. I understand that if my child chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my child.

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

SIGNATURE IS REQUIRED:

Child’s Name _____ Date _____

Parent/Legal Guardian’s Name _____

Parent/Legal Guardian’s Signature _____ Date _____