

CENTRAL MICHIGAN UNIVERSITY SIBLINGS & KIDS WEEKEND

Medical Treatment Release

Full name of participant: _____

List any medical condition(s) that CMU officials should be aware of:

List any medication(s) currently taken: _____

List any allergies: _____

Emergency contact name: _____

Emergency contact phone number: _____

I hereby give my permission to Central Michigan University (CMU), Central Michigan University Health Services and McLaren Central Michigan Hospital to provide any needed medical treatment for myself (if 18 years of age and older) or my child (if under 18 years of age) while attending CMU's Siblings and Kids Weekend. I specifically give my permission for the necessary and emergency care to be given to myself (if 18 years of age and older) or my child (if under 18 years of age) by McLaren Central Michigan Hospital and/or other medical providers. I agree that, to the best of knowledge, there are no medical condition(s) that would prevent myself (if 18 years of age and older) or my child (if under 18 years of age) from participating in Siblings and Kids Weekend.

Print Name of Participant/Parent/Legal Guardian

(must be parent or legal guardian if participant is less than 18 years of age)

Signature of Participant/Parent/Legal Guardian

(must be parent or legal guardian if participant is less than 18 years of age)

Date

Waiver of Liability Release

Full name of participant: _____

I hereby acknowledge that participation in Siblings and Kids weekend and all related activities is at the sole discretion and judgement of myself (if 18 years of age and older) or the parent or guardian (if under 18 years of age) and involves an inherent risk of physical injury. I (if 18 years of age and older), or on behalf of my child (if under 18 years of age), hereby assume all such risk. I hereby agree to release Central Michigan University (CMU), Board of Trustees, and students and employees of the University from all claims, actions, damages and liabilities for personal injury or damage related to and arising out of any Siblings and Kids Weekend activities, except where injury or damage is caused by the gross negligence of CMU.

I also acknowledge that Central Michigan University is not responsible for lost or stolen property.

Print Name of Participant/Parent/Legal Guardian

(must be parent or legal guardian if participant is less than 18 years of age)

Signature of Participant/Parent/Legal Guardian

(must be parent or legal guardian if participant is less than 18 years of age)

Date

CENTRAL MICHIGAN UNIVERSITY SIBLINGS & KIDS WEEKEND

Photo Authorization

Full name of participant: _____

This authorization permits Central Michigan University (CMU) or its media representative to photograph, film, or voice record me (if 18 years of age and older) or my child (if under 18 years of age) and to use my (if 18 years of age and older) or my child's (if under 18 years of age) photos, videos, sound recordings, as well as my (if 18 years of age and older) or my child's (if under 18 years of age) name and/or comments about its programs for educational and/or public relations purposes. I understand that it may be used to promote CMU's programs and colleges. Promotion may include but is not limited to, editing and reproduction for print articles and brochures, print advertising, and/or broadcast via print, Internet, radio, television, and social media. I understand that my (if 18 years of age and older) or my child's (if under 18 years of age) name, picture, and/or other details that would disclose identity may be revealed. I understand that these recording may depict details of educational or healthcare records. I understand that providing authorization is voluntary and will not affect the commencement, continuation, or quality of services provided to me (if 18 years of age and older) or my child (if under 18 years of age). I understand that this authorization can be revoked at any time in order to prohibit future use of images/interviews, etc., by providing written notice to Central Michigan University Office of University Communications 305 Hopkins Court, West 201, Mount Pleasant, MI, 48859 or emailing ucomm@cmich.edu. This revocation will be effective immediately upon CMU's receipt of written notice, except that the revocation will not have any effect on any action taken by CMU in reliance on this authorization before it received written notice of revocation. I understand that this revocation will remain in effect for a period of five (5) years from the date of signature.

I have read and understand the terms of this authorization, and I have been given an opportunity to ask questions about CMU's use of health information for possible use in broadcast or publication. I find these terms acceptable and hereby consent to the release of my (if 18 years of age and older) or my child's (if under 18 years of age) name, photo/video, sound recording, and comments as specified above.

☐ I consent to this authorization.

☐ I do NOT consent to this authorization and would NOT like Central Michigan University or its media representative to photograph, film, or voice record me (if 18 years of age and older) or my child (if under 18 years of age) and to use my (if 18 years of age and older) or my child's (if under 18 years of age) photos, videos, sound recordings, name, and/or comments about its programs for educational and/or public relations purposes.

Print Name of Participant/Parent/Legal Guardian

(must be parent or legal guardian if participant is less than 18 years of age)

Signature of Participant/Parent/Legal Guardian

(must be parent or legal guardian if participant is less than 18 years of age)

Date