MEDICAL INFORMATION AND CONSENT FORM

Please list any known health problems (such as allergies, diabetes, heart trouble, epilepsy or asthma, etc.) that we should be aware of:

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

Please list any physical activities that your child should not participate in:

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

Please list any foods that your child should not eat:

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

Please list any religious restrictions regarding what can be done for your child in emergencies/health care situations:

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

IN CASE OF EMERGENCY

Consent is granted to the staff of the Cuyahoga Community College program to provide medical services through the appropriate medical facilities and/or medical service provider(s) to:

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

(Student’s name)

throughout my child’s participation in the Cuyahoga Community College program.

____________________________________________________________________________________________________________________________________

Signature of Parent or Guardian                  Date

Emergency contact (other than parent)

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

(Last)                                      (First)

Relationship to student

Daytime Telephone                             Home Phone

Tri-C Summer Camp Participation Agreement

Participant (Child) Name

________________________________________________________________

Description of activity (the “Event(s)“):

Tri-C Summer Camp

________________________________________________________________

Date(s) of Event(s)

________________________________________________________________

I am entering into this legally binding agreement for good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge. I am the parent or guardian of the child named above, and hereby request that my child be permitted to participate in Cuyahoga Community College District’s (the “College” or “College’s”) “Summer Camp Program.” All College actions, requirements, directions, and standards shall be deemed to have been intended for the benefit of my child. Although a minor, my child is aware of the risks involved with participating in Tri-C’s Summer Camp Program. I assure the College that I have carefully counseled my child on the risk of participating. Further, I warrant and represent that no physical or other reason would restrict or preclude my child’s participation. I authorize the College and its trustees, officers, staff, vendors, consultants, and employees (collectively, the “Affiliates”) to obtain such medical care, emergency or otherwise, that is or may be deemed necessary for my child. Further, I warrant and represent that I have adequate health insurance or personal funds to provide payment for all costs of such medical care, which shall be my responsibility. I acknowledge and agree that the College may dismiss my child from Tri-C’s Summer Camp Program, either temporarily or permanently, in the event of behavior that is disruptive, dangerous, uncooperative, or otherwise unacceptable in the sole judgment of the College; and in such event, the College will owe no refund or other compensation whatsoever. I grant irrevocable permission to the College and its Affiliates to use my child’s name, photograph, video, likeness, voice, statements, or biographical material (collectively, “Material”) associated with the Event(s) in any and all manner and media throughout the world, in perpetuity. I irrevocably assign all worldwide copyrights in the Material to the College. I waive any rights of inspection or approval. I agree that the Material may be edited, adapted, expanded, revised, or modified at the sole discretion of the College and its Affiliates. I consent to use of the Materials in connection with publicity, advertising, promotion, publication, and any other purposes. I understand that the College and its Affiliates may use the Materials in any media or format it chooses, whether or not for profit, including without limitation television, radio, print, promotional materials, and Internet. I warrant and represent that this agreement does not in any way conflict with any existing commitment on my (or my child’s) part. I agree that the College is not under any obligation to exercise any of the rights, licenses, and privileges herein granted. I agree to release and discharge the College and its Affiliates from all claims, liabilities, losses, and costs (including without limitation, attorneys’ fees and other costs of defense) that I (or my child) may now or hereafter have against any of them arising out of or relating to participation in the Event(s) or the College’s or any Affiliate’s exercise of rights granted by this agreement, including without limitation claims for compensation, defamation, infringement, and invasion of privacy. I agree to indemnify and hold harmless the College and its Affiliates from and against any liabilities, losses, claims, costs (including without limitation attorneys’ fees and other costs of defense) and expenses arising out of or relating to this agreement, except to the extent caused by the gross negligence or deliberately wrongful acts of the College or its Affiliates. This agreement impacts my legal rights and duties, and those of my child. I have read this document and fully understand it. Agreed and accepted:

Parent or Guardian (Print Name)

_____________________________  ______________ ____________

Parent or Guardian Signature                  Date

Daytime Telephone                             Home Phone