

NOTE: This is an example form. You must modify it to reflect your specific program and activities. The legal language has been approved by General Counsel and should not be altered.

Program:

Program Location and Dates:

Participant's First and Last Name:

Date of Birth:

Grade:

Home Address:

Phone Number to Reach Participant:

Please answer these questions about your child/the participant:

1. Does your child/participant have any allergies (including food) or a special diet we should know about prior to participating in the program and to emergency treatment?
 - If yes, please explain.
2. Does your child/participant have any chronic conditions/illness that we should know about prior to emergency treatment?
 - If yes, please explain.
3. Does your child/participant have any disability/special needs (visual, hearing, physical, psychological, unable to climb stairs without assistance) which requires special attention or special accommodation?
 - If yes, please explain.

Consent and Waiver

In consideration of my child, the participant, being permitted to participate in the above class, I, and on behalf of my child, agree and understand that:

- My child will abide by all the rules, guidelines, regulations, and code of conduct of USC and/or host/site location requirements;
- My child will be in a class with the instructors. I recognize this class is unique in that students are allowed the freedom to advance their studies without direct one-on-one supervision;
- My child may be asked to leave the class if I or my child do not abide by the rules, regulations, and code of conduct of USC and/or the host site location requirements;
- The instructor has sole authority to make decisions regarding my child's continued participation if my child's conduct or the circumstances warrant removal, dismissal, expulsion, discipline, or other action, including return to home base or permanent

NOTE: This is an example form. You must modify it to reflect your specific program and activities. The legal language has been approved by General Counsel and should not be altered.

residence at my sole expense, without notice to me, and the forfeiture of funds, deposits, or fees;

- My child's participation in this class is voluntary;
- I recognize that my child's participation in the class carries with it risks, including, but not limited to, criminal acts, injuries, illness, death, property losses, and other damages, that cannot be eliminated regardless of the care taken;
- I have investigated the risks involved in this class and I freely assume the risks and consent to my Child's participation;
- I further declare that my Child is fit and capable of participating in the class.

Further, I, individually, and on behalf of my child, agree to:

- Complete and timely submit all necessary forms and paperwork;
- Timely pay any necessary deposits or fees;
- Confirm that my child has medical and health insurance coverage while participating in the class;
- Give the class staff the permission, in case of accident or injury, to administer standard first aid/or to arrange for transportation to a medical facility;
- Be solely and completely liable for any expenses incurred on my or my child's behalf, including, but not limited to, medical or health care expenses;
- Immediately advise the USC staff and/or host site administrators of any situation or condition that may be a potential hazard or risk of which I am aware, or of which I become aware.

Photo Release

- I give USC, its agents, employees, servants, assigns, and successors, without expectation of value, permission to:
 1. Record my child's likeness and appearance on videotape, audiotape, film, photograph, or any other medium; and
 2. Use my child's name, likeness, voice, and biographical material in connection with these recordings; and
 3. Exhibit, copy or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose or advertisement campaigns which the University of South Carolina, and those acting pursuant to its authority, deem appropriate.
-

NOTE: This is an example form. You must modify it to reflect your specific program and activities. The legal language has been approved by General Counsel and should not be altered.

Parent Permission for Student Vehicle Use

My child has my permission to use his/her personal vehicle for the following travel purposes during the SAT or ACT TEST Preparation class at the University of South Carolina. The University does not provide automobile liability and/or comprehensive and collision coverage for personal vehicles. Your child will be permitted to use his/her vehicle for ONLY those purposes that you check below:

- Drive to and from class
- Transport another participant in my child's vehicle (see below):
 - Please list the other participant(s) riding in your child's vehicle:

Student Release – Pick Up List

I, furthermore, agree that my child may only be released to the following individual(s) during the USC class. Parents/Guardians: Please include your names as well as any others authorized to whom to release your child. Please do not ask us to rely on a verbal permission. If your child is riding with another participant, please indicate the driver's name below.

Name(s) / Relationship:

- 1.
- 2.

My child MAY NOT be released to the following individuals:

Name(s) / Other Information

- 1.
- 2.

Please attach court or legal documents as appropriate for individuals who are not to pick up your child.

Waiver and Release of Liability

Further, in consideration for my child being permitted to participate in the class, I, on behalf of my child, and as the natural parent and/or as the legally authorized guardian, do hereby for my child, myself, my family, heirs, personal representatives, and assigns, agree to, and hereby do, release, waive, discharge, hold harmless and indemnify, and forever defend the State of South Carolina, the University of South Carolina, the members of its Board of Trustees, individually and collectively, its officers, employees, servants, agents, representatives, directors, students, volunteers, and anyone acting on behalf of the University of South Carolina, from any and all

NOTE: This is an example form. You must modify it to reflect your specific program and activities. The legal language has been approved by General Counsel and should not be altered.

liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by my child or me, or any person or entity acting on my or my child's behalf, arising out of, or in any way associated with, my child's participation in the class.

I warrant I am the parent or authorized legal guardian of the participant in the class, and I warrant that I am 18 years of age or older. I have carefully reviewed, and I agree to the terms of this entire document.

Participant Signature/Date

Parent/Guardian Signature/Date (required)

Emergency Contact:

- Name:
- Relationship:
- Home #:
- Work #:
- Cell #

- Name:
- Relationship:
- Home #:
- Work #:
- Cell #: