

Parental Consent Form Liability Release Authorization

Informed Consent, Liability Release and Authorization for Emergency Treatment and Transportation

I, the undersigned, as the parent or legal guardian of the student identified below, in consideration for the opportunity for my child to participate in Oregon State University's INTO OSU Program, give permission for my child to participate in the Program and hereby assume full responsibility for all risk of injury or loss which may result from my child's participation in the Program. I agree to hold harmless, release, and forever discharge Oregon State University, INTO Oregon State University, Inc, and their officers, agents, and employees from any and all claims and demands whatsoever which I or any third party may have against said entities, officers, agents, or employees, by reason of any accident, illness, injury, or death, or damage to, or loss of, or destruction of property arising or resulting directly or indirectly from my child's participation in the Program.

I have read the Terms and Conditions for participants in the INTO OSU program and agree, on behalf of myself and my child, to be bound by them.

I understand, agree, and acknowledge that some Program activities may be of a hazardous nature or include physical or strenuous activity. Understanding this, I state to the best of my knowledge, that my child has no medical, physical, mental, or emotional health conditions that would hinder my child's active participation in Program activities.

I understand that my child's participation in the Program is contingent upon my having current, Liability and Accident Medical Insurance coverage for my child and agree to provide valid proof of the same.

In the case of an emergency, I authorize the Program staff to obtain whatever medical treatment deemed necessary for the welfare of my child.

I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance covers such charges and fees.

Acceptance: I have read, understand, and accept this Informed Consent, Liability Release, and Authorization for Emergency Treatment and Transportation

Name of Student: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Signed Date: _ _ / _ _ / _ _
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Oregon State
University

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