

Youth Activity Safety Policy: Parent/Guardian Information Form

Name of Youth Activity: _____

Date(s) of Youth Activity: _____

The University of Nebraska at Omaha has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in activities, camps, clinics or conferences.

Our policy includes safe interaction guidelines including sex offender registry checks for all camp/clinic workers. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe environment for participants. Key provisions include:

1. All camp/clinic workers must successfully pass a sex offender registry search for Nebraska and the state(s) in which they reside.
2. All workers driving activity vehicles must successfully pass a Driving Record Check.
3. In the case of an emergency or accident involving your youth, parents/guardians will be notified, following notification of the appropriate emergency personnel.
4. All UNO activities will comply with UNO's Youth Activity Safety Policy and Activity Worker Guidelines.
5. As parent(s) or legal guardian(s), we:

***DO** give permission to this University of Nebraska Omaha camp/clinic to use photos of our child in promotional media controlled by the University, Initials _____

***DO NOT** give permission to this University of Nebraska Omaha camp/clinic to use photos of our child in promotional media controlled by the University, Initials _____

6. Please list any medical concerns or accommodations we should be aware of:

The activity directors of University-sponsored activities, camps and clinics reserve the right to immediately dismiss any youth from the activity, camp or clinic for disruptive or endangering behavior. Dismissed youth will be sent home at their expense and will be responsible for all other expenses associated with their dismissal. Parent(s)/guardian(s) will be immediately notified of the youth's dismissal.

Youth Activity Participant Name: _____

Parent or Guardian's Printed Name

Signature

Phone Number

Date

Youth Activity Waiver and Release

Youth Activity Name: CALCULUS: THE MUSICAL!, CALCULUS BEE

Date of Event: APRIL 4, 2019

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FORM MUST BE SIGNED AND SUBMITTED BEFORE PARTICIPATING IN A YOUTH ACTIVITY

Waiver: In consideration for being permitted to participate in any way in the above-stated Youth Activity ("the Youth Activity"), including any associated use of the premises, facilities, staff, equipment, transportation, and/or services, Participant, and his/her parent/legal guardian if applicable (collectively, "Participant"), for himself/herself and his/her heirs, personal representatives, and assigns, does hereby release, waive, discharge, and promise not to sue the Board of Regents of the University of Nebraska, its officers, employees, and agents ("the University"), from liability for any and all claims, including the negligence of the University, resulting in personal injury (including death), accidents or illnesses, property loss, and damages in connection with Participant's participation in and/or travel to or from the Youth Activity and/or any use of University premises and facilities or other non-University premises or facilities.

Assumption of Risks: Participation in the Youth Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death. Participant understands and appreciates these and other risks that are inherent in the Youth Activity. Participant hereby asserts that his/her participation in the Youth Activity is voluntary and that he/she knowingly assumes all such risks.

Indemnification and Hold Harmless: Participant agrees to indemnify, defend, and hold harmless the University from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, arising out of Participant's involvement in the Youth Activity, including any travel to or from the Youth Activity, and to reimburse the University for any such expenses incurred defending any and all claims related to Participant's participation in and/or travel to or from the Youth Activity.

Medical Treatment Authorization: Participant understands that an emergency may develop which necessitates medical care. In the event of an accident, injury, or illness, Participant authorizes representatives of the University to obtain medical treatment for Participant. Participant understands that such treatment shall be solely at Participant's expense. Notwithstanding the foregoing, Participant understands and agrees that the University has no obligation to provide or seek out any medical treatment for Participant.

Photo Release: I hereby grant to the Board of Regents of the University of Nebraska, its components campuses, its representatives, employees, agents and assigns, the perpetual, irrevocable and unrestricted right to use, reproduce and publish photo, video, and/or audio of me, including my image, likeness, voice, name, and/or biological information for editorial, trade, advertising or any other purpose and in any manner and medium; to alter the same without restriction, and to copyright the same. I hereby release the University of Nebraska, its components campuses and its Regents, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability related to its use of said photographs, video and/or audio. I recognize that by signing below, I waive any right to royalties or other compensation arising from or related to the use of the photo, video, and/or audio. I have read and fully understand the terms of this release and agree and intend to be legally bound thereby.

Confidentiality Not Guaranteed: Participant acknowledges and understands that as part of the Youth Activity registration process, Participant may be asked to provide the University with personal information such as Participant's name, address, phone number, date of birth, gender, school, grade, ethnicity, and/or medical information. Participant acknowledges and understands that while the University will take steps to protect the confidentiality of the information, such confidentiality cannot be guaranteed.

Severability: Participant agrees that this Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid, the remaining portions will continue to have full legal force and effect.

Governing Law and Jurisdiction: The Agreement shall be governed by the laws of the State of Nebraska, without regard to its choice of law provisions. Any legal action brought under this Agreement shall be instituted in the state or federal courts located in Lancaster County, Nebraska. It is understood and agreed that any legal action by Participant in relation to this Agreement may only be instituted in accordance with the provisions of the State Contract Claims Act (Neb. Rev. Stat. 81-8,302 to 81-8,306), as amended.

Acknowledgment of Understanding: Participant has read this Agreement, fully understands its terms, and understands that Participant is giving up substantial rights, including the right to sue. Participant confirms that Participant is signing the agreement freely and voluntarily, and intends the signature(s) below to be a complete and unconditional release of all liability to the greatest extent allowed by law.

IF PARTICIPANT IS UNDER 19 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.

I, the parent/legal guardian of Participant, hereby agree to the above on behalf of Participant.

Youth Activity Participant Name: _____

Parent or Guardian's Printed Name

Signature

Phone Number

Date

The University of Nebraska does not discriminate based on race, color, ethnicity, national origin, sex, pregnancy, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, marital status, and/or political affiliation in its programs, activities, or employment. UNO is an AA/EEO/ADA institution. For questions, accommodations, or assistance please call/contact the Title IX/ADA/504 Coordinator (phone: 402.554.3490 or TTY 402.554.2978 or the Accessibility Services Center (phone: 402.554.2872). UCTEMP0718