

University of South Carolina Programs for Minors Consent, Release and Waiver Forms

Instructions for custodial parent/legal guardian of child participant: Review the following consent and release statements, sign and date them, and submit them by the due date using the method specified by the program. Completed and signed forms must be on file before a child can be permitted to participate in the program.

Instructions for program director: Add Program Name and Date/s, and off-site activities (if applicable) to the form before distributing to participants. Do not change any other part of the form. Confirm that a completed, signed form is received for each participant before. Contact minors@email.sc.edu with questions or concerns. Maintain records of signed consent and release for seven (7) years after program conclusion.

Program Name		Dates	
Participant Name		DOB	
Home Address			
Parent/Guardian Name		Relationship	
Parent/Guardian Phone			

Consent for Program Participation of Child

In consideration of my child, the participant, being permitted to participate in the above program, 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 may be asked to leave the program 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 residence at my sole expense, without notice to me, and the forfeiture of funds, deposits, or fees;
- My child's participation in this program is voluntary;
- I declare that my child is fit and capable of participating in the program.

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;
- Continue to provide medical and health insurance coverage for my child while they are participating in the program;
- Give the program 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.

Custodial Parent / Guardian Name

Signature

Date

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Participant Release and Pick Up Authorization

Provide the names of ALL authorized individuals to whom to release your child. Please do not ask us to rely on verbal permission. If your child is riding with another participant, please indicate the driver's name below.

Participant's Name: _____

My child **MAY ONLY** be released to the following individual(s):

Name(s) / Relationship:

1. _____
2. _____
3. _____

My child **MAY NOT** be released to the following individual(s):

Name(s) / Other Information

1. _____
2. _____
3. _____

Attach legal documents, if required, for individuals who are NOT ALLOWED to pick up your child.

Child Personal Vehicle Use Permission (leave blank if not applicable)

My child has a valid driver's license and has my permission to use their personal vehicle for the following travel purposes during the program. The university does not provide automobile liability and/or comprehensive and collision coverage for personal vehicles.

Participant's Name: _____

Your child will be permitted to use his/her vehicle for ONLY those purposes that you check below:

- Drive to and from the program
- Transport another participant in my child's vehicle. List the other participant(s) riding in your child's vehicle. *Please ensure that the release form for this participant authorizes your child for pick up.*

Name of additional participant: _____

<i>Custodial Parent / Guardian Name</i>	<i>Signature</i>	<i>Date</i>
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Off-Campus Activities/Field Trip Consent and Release

(Program Directors: Use this form only if your program involves off-campus activities. Fill in the program name and dates and the planned off-campus activities in the program.)

Program Name		Date/s	
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Planned Off-Campus Activities (Field Trips):

<u>Activity</u>	<u>Date</u>	<u>Location</u>

Participant's Name: _____

I authorize and consent for my child to attend and participate in the off-campus field trip and activities described above.

I hereby authorize and give permission for my child to ride in a vehicle owned or rented through the University of South Carolina in conjunction with my child's participation in the activities described above.

Custodial Parent / Guardian Name

Signature

Date

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Program Name		Date/s	
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Participant's Name: _____

Media Release

I give University of South Carolina (USC), its agents, employees, assignees, and successors, permission, without expectation of value, to:

- Record my child's likeness and appearance on videotape, audiotape, film, photograph, or any other medium; and
- Use my child's name, likeness, voice, and biographical material in connection with these recordings; and
- 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.

Custodial Parent / Guardian Name

Signature

Date

Waiver and Release of Liability

In consideration for my child being permitted to participate in the activities included in this program, I, on behalf of my child, and as the custodial 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 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 program.

- I have reviewed the activities included in this program and consent for my child to participate.
- I warrant I am the custodial parent or authorized legal guardian of the participant in the program.
- I warrant that I am 18 years of age or older.
- I have reviewed and agree with the terms in this document.

Custodial Parent / Guardian Name

Signature

Date