



### Medical Release Form for On-Campus Programs at CMU

I hereby give my permission to CMU, to provide or seek out any needed medical treatment for my child while they are participating in CMU Center for Charter School programs. In the event an emergency room is needed, I consent to McLaren Central Michigan Hospital or other nearby medical facilities providing treatment. I specifically give my permission for the necessary and emergency care to be given to my child. To the best of my knowledge there are no medical conditions that would prevent my child or me from participating in the CMU Center for Charter School programs.

Participant Name \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

### Waiver of Liability for On-Campus Programs at CMU

I hereby acknowledge that participation in the CMU Center for Charter School programs and all related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of physical injury. I, on behalf of my child, hereby assume all such risk. I hereby release any agreed hold on Central Michigan University (CMU), CMU Board of Trustees, CMU students and CMU employees of the University from claims, actions, damages and liabilities for personal injury or damage related to or arising out of any CMU Center for Charter School programs activities except where injury or damage is caused by the gross negligence of the university.

I also acknowledge that Central Michigan University is not responsible for lost or stolen property.

Participant Name \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

### Photo Release for Minors Participating in Program (for participants under the age of 18)

I am the parent or legal guardian of ("my child"), a participant of the Charter to CMU Chippewas Scholars Program ("Program"), a program co-sponsored by the CMU Center for Charter School programs located on the campus of Central Michigan University. I hereby consent to the publication and use of my child's name and/or my child's likeness ("Likeness") for the purpose of promotion, publicity, advertising, or other manner or media by the CMU Center for Charter School programs any other representative authorized to act on behalf of the afore-mentioned entity. Likeness shall include, but not be limited to, photographs, sound and/or video recordings, films, broadcasts, brochures, publications, reports, web pages, promotional materials, or any other audio-visual, electronic, printed, tangible work in any media or format, now known or hereafter to become known, and/or reproductions of any of these. I agree that the actual material involved is and shall continue to be the property of the University and that neither I, nor my child, shall have any right of review or approval regarding the use of my child's name and/or Likeness in such material. I hereby release and hold harmless, the office along with their respective employees, agents, affiliates, sponsors, or other representatives from any and all claims, demands, or causes of action arising out of the use of my child's name and/or Likeness, in accordance with the terms of this release. I understand and agree that neither I, nor my child, will be compensated in any way for the use of my child.

Participant Name \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_