Mailing Address:
Extended Studies
University of Nevada, Reno/0048
Reno, NV 89557 USA
Email: extendedstudies@unr.edu

HEALTH FORM

University of Nevada, Reno — Extended Studies
Identification and Emergency Information
KIDS University

Physical Location:
Redfield Campus
Nell J. Redfield Building A
18600 Wedge Parkway
Reno, NV 89511 USA
Phone: (775) 784-4062

(To be completed by parent or guardian and returned by mail, email or in person.)

PLEASE PRINT

Child's Last Name _____ First _____ Birthday ____/____/____ Age _____ Sex_____

School attending in the fall _____ Grade _____ Contact Email _____

Child's Address _____ City _____ State _____ Zip_____

Parent 1 Name _____ Day Phone_____ Night Phone _____

Home Address _____ City _____ State _____ Zip_____

Parent 2 Name _____ Day Phone_____ Night Phone _____

Home Address _____ City _____ State _____ Zip_____

Additional people who may be called in an emergency:

	Name	Day Phone	Night Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

People authorized to take your child from facility: (Government I.D. required)

1. _____ 3. _____
2. _____ 4. _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Medical Information (allergies, medications, etc.): _____

_____

Additional information program leaders may need: _____

_____

Child's environmental or medical allergies that we should know about: _____

_____

Is the child taking any medication at this time? If so, for what reason: _____

_____

(Please register any prescription medicine with the camp director)

Describe any recent illnesses or injuries: _____

Please check the following first aid medication your child can take:

☐ Advil ☐ Tylenol ☐ Claritin ☐ Benadryl ☐ Pepto Bismol ☐ Other: _____

Please list insurance carrier and policy number _____

_____ _____
Signature (Parent/Guardian) Date

Please complete, print and sign form to submit.

Produced by Extended Studies Marketing Dept., 07/26

University of Nevada, Reno

WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

(KIDS University Activities)

I, (parent/guardian) on behalf of my child, acknowledge, understand and agree to my child's participation in the KIDS University Summer Break Camp (the "Activity"), at the University of Nevada, Reno a member institution of the Nevada System of Higher Education (referred to as the "University"). I understand and agree that the Activity involves certain risks which include, but are not limited to, the following:

1. Traveling to and from Activity (transportation may be provided by the University or Washoe County School District in some instances).
2. Physical exertion, including climbing, throwing, catching, running, kicking and hitting skills as they relate to the activities — individuals should be aware of own physical limitations.
3. Injuries related to cooking or baking projects and/or science experiences, such as building rockets.
4. Direct interactions with animals, which may be unpredictable and/or have an unknown history.
5. Inclement weather that can impact safety (rain, cold, wind, heat, poor air quality).
6. Working with other volunteers from organizations outside of UNR.
7. Minor injuries such as scratches, bruises and sprains, animal bites or scratches or skin irritant .
8. Major injuries such as broken/fractured bones, concussions, joint or back injuries, torn tendons, ligaments and other muscles, eye injury, heart attack, paralysis and/or death.
9. Potential exposure to communicable diseases and infections, including without limitation COVID-19.

I understand that the facilities or organizations where the activities of rock climbing and archery will be conducted may have additional waiver forms that will need to be signed.

Knowing this information and the risks related to the Activity and in consideration of my child's participation in the Activity, I, on behalf of myself and my child, **expressly** and **knowingly** agree as follows:

RULES AND REQUIREMENTS: I understand that my child's participation in the Activity is voluntary and that as a condition of participation, children must abide by all the rules, guidelines, regulations, and policies of the University. I understand that my child may be asked to leave the Activity if I or my child do not abide by the rules, regulations, and the policies of the University and that the University has sole authority to make decisions regarding my child's continued participation if it is determined that my conduct or my child's conduct is detrimental to the best interests of other participants, violates any rule of the University, or for any other reason or circumstances which warrant removal, dismissal, or other action. I further understand that I will forfeit any funds, deposits, or fees related to the Activity should my child be removed or dismissed from the Activity.

INFORMED CONSENT: I, on behalf of myself and my child, have been informed of and understand the various aspects of the Activity, including the dangers, hazards, and risks inherent in the Activity and in any activities I undertake as an adjunct to the Activity. I, on behalf of myself and my child, understand that as a participant in the Activity my child could sustain death, temporary or permanent disability, injury, illness, exposure to communicable or infectious diseases (including COVID-19), loss or damage to my child's person or property as a consequence of not only University's actions or inactions, negligence or fault, but also the actions, inactions, negligence or fault of others or my child, and that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any property damage, any injury, illness, communicable or infectious disease (including COVID-19), temporary or permanent disability or death that my child may sustain by any means is my responsibility except for those occurrences due to University's gross negligence or intentional misconduct.

ASSUMPTION OF RISK: I understand that it is my responsibility to inquire about the parameters of the Activity and to assess the ability of myself and my child to safety participate in the Activity. I further understand there are potential dangers incidental to my child's participation in the Activity, which may cause death, temporary or permanent disability, injury, illness, exposure to communicable or infectious diseases (Including COVID-19), loss or damage to my child's person or property or other risks that are unknown at this time. **I, ON BEHALF OF MYSELF AND MY CHILD, KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE UNIVERSITY, UNLESS AND ONLY TO THE EXTENT THEY ARISE FROM GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT BY THE UNIVERSITY. I ASSUME FULL RESPONSIBILITY FOR ALL RELATED CONSEQUENCES OF MY DECISION TO ALLOW MY CHILD TO PARTICIPATE IN THE ACTIVITY.**

RELEASE AND WAIVER OF LIABILITY: With full awareness and appreciation of the risks involved and to the extent permitted by law, I, on behalf of myself, my child, my family, heirs, successors, assigns, executors, administrators and personal representatives do hereby for my child, myself, my family, heirs, successors, assigns, executors, administrators and personal representatives forever release, waive, discharge and agree not to sue the University and its regents, officers, employees, agents, volunteers and representatives, from any and all liability, loss, claims, demands, causes of actions (known or unknown), suits, judgments, cost, expense or attorneys' fees, including, but not limited to, those arising from death, illness, disability or injury, loss or damage to my child's person or property, which directly or indirectly, arise out of, occur during, or are in any way the result of or connected with my child's participation in the Activity or the result of exposure to or infection by an infectious disease (including without limitation COVID-19) in connection with my child's participation in the Activity, **REGARDLESS OF WHETHER THE DEATH, ILLNESS, DISABILITY, INJURY, LOSS OR DAMAGE IS CAUSED BY THE NEGLIGENCE OF UNIVERSITY, UNLESS CAUSED BY THE GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT OF THE UNIVERSITY, AND REGARDLESS OF WHETHER THE DEATH, ILLNESS, DISABILITY, INJURY, LOSS OR DAMAGE OCCURS BEFORE, DURING OR AFTER MY CHILD'S PARTICIPATION IN THE ACTIVITY.** I further agree that the University is not in any way responsible for any death, illness, disability, injury or damage to my child's person or property that my child sustains as a result of my child's own acts.

VIDEO/PHOTO/LIKENESS: I, on behalf of my child, and as the parent and/or as the legally authorized guardian, hereby grant permission to the University to use my child's video/photo/likeness in any and all of its publications and in any and all other media,current and future,controlled by the University,inperpetuity, and for other use by the University. I will make no monetary or other claim against University for the use of my child's video/photo/ likeness. I acknowledge the University's right to crop or display the photo/video at its discretion. I, on behalf of my child, and as the parent and/or as the legally authorized guardian, hereby release the University from any and all claims for any damages or other relief whatsoever related to the University's use of my child's video, photo or likeness.

In camps where the students participate in photography, videography and filming activities, these photos and videos may be shared only with parents/guardians of participants for personal family viewing. Do not repost, publish, forward, download for redistribution, or otherwise share images or videos of children other than your own child without permission from that child's parent/guardian. If you have concerns about any image or video, please contact Kati Acker and we will review it. To the extent any material is considered a student or education record, it is provided on the condition that it not be re-disclosed without prior consent. In addition, by requesting access to view these photos, you authorize the University to share photos/videos from the program with other participants' parents/guardians for personal, noncommercial viewing. This permission is perpetual unless revoked in writing, but revocation will not affect uses already made before the University receives the revocation. You further understand that images may be shared through University-approved platforms or vendors used by the University to store, publish or distribute the University media. The University may limit or deny sharing when needed to protect participant privacy, safety, or the University's interests.

INDEMNITY: I, on behalf of my child, and as the parent and/or as the legally authorized guardian, do hereby for my child, myself, my family, heirs, successors, assigns, executors, administrators, and personal representatives, agree to indemnify, defend, and hold harmless the University and its regents, officers, employees, agents, and representatives, from any and all claims, damages, losses, liabilities, liens, costs and/or expenses, controversies, causes of action, lawsuits, proceedings, injuries (including death), and judgments (each, a "Claim") if the Claim directly or indirectly arises out of, occurs during, or is in any way the result of or connected with my child's participation in the Activity.

INSURANCE: I understand that the University will not provide health insurance coverage to my child during any aspect of my child's participation in the Activity. I understand that it is my responsibility to secure and pay for any personal health care insurance to cover my child's medical care. I acknowledge that I am responsible for the cost of any and all medical and health services my child may require as a result of participating in the Activity.

CONTROLLING LAW: I, on behalf of my child, and as the parent and/or as the legally authorized guardian, or my heirs, successors, assigns or personal representatives bring a claim of any kind whatsoever against the University and/or its regents, officers, employees, agents, and representatives, I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Nevada, including the provisions of Nevada Revised Statutes Chapter 41.

I am the parent or legal guardian of the Participant. I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights that I or my child might otherwise have, and that I have signed it knowingly and voluntarily. I allow my child to participate in this Activity. I understand that I am responsible for the obligations and acts of my child as described in this document. I, individually and on behalf of my child, agree to be bound by the terms of this document.

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Dated: _____

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