Mansfield University Consent Forms

Please complete form for **each** child participating in activity

Informed Consent Release & Express Assumption of the Risk (Required) –

I, ____, Parent of/Guardian of ____ desire for him/her to participate in ____ (describe event with particularity) at or through Mansfield University on ____ (dates and times).

I realize injuries can be a consequence of participation in this activity and no amount of reasonable supervision or use of the facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume on behalf of my child all risk of possible harm or injury, specifically but not limited to strains, sprains, dislocations, broken or fractured bones, cuts, or bruises. I understand and appreciate that such injury could also include, without limitation, serious neck and spinal injuries which may result in partial or total paralysis; brain damage, loss of sight, hearing, sense of smell, serious or permanent injuries to all bodily organs and functions; serious injury to all or part of the musculoskeletal system, all of which may detrimentally impact my child's general health and well-being for the rest of my child's natural life. I am aware of the risk of participation in this designated activity. I have carefully considered how the possible consequences of injury may impact my child's life, and I choose to accept this risk and allow my child to participate in the designated activity.

In accepting this risk I explicitly release, discharge and waive any and all claims, demands, and causes of action of whatever nature that I or may heirs may have against Mansfield University of Pennsylvania, Pennsylvania's State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials, or agents of any and all of the foregoing, pursuant to, or pertaining or related to, or arising from, in any manner, injuries to my child as a result of my child's participation in this activity.

By my signature below, I certify that I completely understand this document. I certify that I am eighteen years of age or older, and am not under the influence of any drugs or alcohol.

____ __________ ____ __________

Signature of Parent or Guardian Date Signature of Minor Student (if applicable) Date

Model Release Form (Optional) –

I, (we), hereby grant Mansfield University permission to use and publish photographs, videos or other images of me or the minor listed below, or in which I/they may be included, for purposes of editorial, trade, advertising, display, or exhibition use including Mansfield University publications and advertising of every description. I have read this release and fully understand its contents. Receipt of full consideration is hereby acknowledged and no further claim of any kind will be made by me. No representations have been made to me.

PLEASE PRINT

Student's Name: ____

Student's Address: ____ City: ______________________________ State: ________

Parent's Address: ____ City: ______________________________ State: ________

I, (we) ____, am the parent or legal guardian of the minor named above, and hereby consent to the identified usage, subject to the terms mentioned above. I affirm that I have the legal right to issue this consent.

____ __________

Signature of Parent or Guardian Date

Health Record (Required) –

Student's Name: ______________________________________ Birth Date (M/D/Y): _____________ Age: _______ Sex: M F

Parent's Home Phone #: ______________________________ Other Phone #: ______________________________

Emergency Contact E-mail Address (if available): ____

Pertinent Medical History: __________________________________ List Current Medications/Dose/Time: _______________________

Allergies (include food allergies): __________________________________ Last Date of Tetanus Toxoid: __________

Name of Insurance Company: ____ Policy #: ____________________________________

Address of Insurance Company: ____ City: ______________________ State: _______

Name & Phone # of other person to be notified in case of accident/ illness if parent is not at home: ______________________________

I give Mansfield University permission to seek medical treatment in the event of an accident and/or illness for my son/daughter.

____ __________

Signature of Parent or Guardian Date