



**UWSP UNIFORM STATEMENT OF RESPONSIBILITY, RELEASE, PHOTO
RELEASE, AND AUTHORIZATION**

(Must be completed for each person under the age of 18)

Whereas, I desire for my child/ward to participate in **UW-Stevens Point Summer Camps** coordinated by UW-Stevens Point Continuing Education and Outreach, and the University has approved their participation in the program. I hereby agree as follows:

- 1) I assume full legal and financial responsibility for their participation in this Program;
- 2) I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve his/her health or safety during their participation in the Program including authorizing medical treatment and transportation on their/my behalf and at my expense. Accident and health insurance are recommended for his/her participation in the Program;
- 3) I agree my child/ward must conform to all applicable rules;
- 4) I voluntarily indemnify and hold harmless the University of Wisconsin Stevens Point, the Board of Regents of the University of Wisconsin System, their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney fees) arising out of my child/ward's participation in the Program and which do not arise out of the negligent acts or omissions of an officer, employee, or agent of the University and/or Board of Regents while acting within the scope of their employment or agency;
- 5) Assumption of Risk. I acknowledge participation in this Program involves inherent risk and includes activities that may lead to accidents and injury. For my child/ward, I hereby expressly assume the risk of injury or harm in this program and release the Board of Regents of the University of Wisconsin System (Board of Regents), their respective officers, employees, and agents from all liability for injury, illness, death or property damage resulting from, or related to, participation in the Program.
- 6) I understand that the University may take photographs and/or videos of participants and activities. I agree that the University of Wisconsin-Stevens Point shall be the owner of and may use such photographs and/or videos relating to the promotion of the Program. I relinquish all rights that I may claim in relation to the use of said photographs and/or videos.

I request not to have my child's photograph or video taken.

I acknowledge that I have read this document and understand and accept its terms.

Signature of Parent or Guardian	Printed Name	Date
Participant's First Name: _____	Participant's Last Name: _____	
Participant's Age: _____	Participant's Gender _____	
Emergency Contact: _____	Phone Number (_____) _____	