

RELEASE FORM

UW-STEVENS POINT UNIFORM STATEMENT OF RESPONSIBILITY, RELEASE, PHOTO RELEASE, AND AUTHORIZATION

(Must be completed for each person under the age of 18 by parent or guardian)

Whereas, I desire for my child/ward to participate in the **Educators Rising Leadership Retreat** sponsored by the **University of Wisconsin Stevens Point**, and the University has approved their participation in the Program during the period of August 5, 2025, 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 on their/my behalf and at my expense and returning him/her home at my own expense for medical treatment or in case of an emergency;
- 3) Accident and health insurance are recommended for his/her participation in the Program. I understand that the University encourages me to have appropriate insurance coverage for my child/ward for the entire time of the Program;
- 4) I agree my child/ward must conform to all applicable policies, rules, regulations and standards of conduct as established by the University;
- 5) I understand and agree that his/her participation in the Program may be terminated by the University with no refund of fees if he/she fails to maintain acceptable standards of conduct as established by the University and I accept responsibility for the costs of returning home if he/she is terminated under these circumstances;
- 6) I understand and agree that the University may make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes;
- 7) I voluntarily indemnify and hold harmless the University of Wisconsin Stevens Point, the Board of Regents of the University of Wisconsin System (Board of Regents), 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;
- 8) I acknowledge that I have read this document and understand and accept its terms.
- 9) ☐ I request NOT to have my child's photograph or video taken.

Signature of Parent or Guardian

Printed Name

Date

Participant's Name

Birthdate

Age

Participant's School Name

Emergency Contact Name

Relationship

(_____)_____
Phone Number