In consideration of my child being permitted to participate in Moss Street Children’s Center’s, 2012 Summer Term School-aged Program (the "Activity"), I acknowledge and accept the risks inherent in the Activity as set forth below.

Dates of Activity: June 25th thru August 17

Description of Activity: Weekly all-day fieldtrips away from campus, schedule of trips listed on third page

Assumption of Risk. Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury of loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I certify that there are no health-related reasons or problems that preclude or restrict my child’s participation in the Activity.

I understand that my child’s participation in the Activity is completely voluntary.

I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University of Oregon to secure any appropriate treatment including the administration of an anesthetic and surgery for my child. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University of Oregon has no obligation to provide or seek out any medical treatment. I have completed the Medical Information Form and provided it to Moss Street Children’s Center and authorize Moss Street to use that information for this Activity.

INITIAL ______________

I understand that Moss Street Children’s Center carries a secondary Daycare insurance policy that covers field trips, and that this policy MAY cover some expenses after my primary insurance remedies have been exhausted. However, any such secondary coverage depends on the facts in individual circumstances and is decided by the insurance company, not the University of Oregon.

I release the Oregon University System, the State Board of Higher Education, the University of Oregon and all their respective officers, employees, agents, and volunteers from any and all liability and expense in any way resulting from, related to, or arising out of my child’s participation in the Activity, including but not limited to liability and expense attributable to any injury, death, property damage, lost wages, economic loss, emotional distress, psychic injury, pain, or suffering of any kind whatsoever.

I agree to hold harmless the Oregon University System, the State Board of Higher Education, the University of Oregon and all their respective officers, employees, agents, and volunteers from and against any and all claims, liability and expense in any way resulting from, related to, or arising out of the Activity.

I have read and understand the above provisions and agree to be bound by them.

____________________________________________________________________________________

Parent’s or Guardian’s Signature        Date

Parent’s or Guardian’s Name Printed: ______________________________
Unless initial and checked no here______________NO____, I, hereby irrevocably consent to and authorize the University of Oregon to use videotapes, photographs, motion pictures, recordings or other record (collectively Media) of the Activity and the my child’s participation in the Activity and to use his/her image, voice and/or likeness for educational and promotional purposes. In addition, the University of Oregon shall have the right to adapt, reproduce, edit, modify, and make derivative works of and from the Media in any media or technology now known or hereafter developed in perpetuity, so long as the use is in keeping with the purposes set forth above. I recognize that the Media and other works shall be the exclusive property of the University of Oregon.

Medical Information Form

Participant Name:_______________________________________________________

Parent/Guardian Name:___________________________________________________

Parent/Guardian Signature:_______________________________________________

Date: ______________________

As referenced in the Acknowledgement of Risk and Release of Liability I have signed, I am providing the following information that may be needed if medical care is required for my child:

Allergies:_______________________________________________________________

Medication being taken and dosage:_________________________________________

Date of last tetanus shot:__________________________________________________

Medical conditions:_____________________________________________________

Insurance provider:______________________________________________________

Name of primary insured:_________________________________________________

Group or plan identification:______________________________________________

Policy or Personal Identification Number:___________________________________

Other information that a treatment provider should be alerted to:_______________

____________________________________________________________

Any special considerations while transporting your child:_____________________

____________________________________________________________
My approval is hereby given for (child’s name) ____________________ to go on the following planned field trips. All trips will be made using EMU school buses to:

Please initial each field trip for which you are giving your consent for participation.

Ellies Group Summer Term 2012 Fieldtrips

____ Tree Climb and Dexter Lake, Lowell OR on Tuesday June 26th

____ Canoeing on either Dorena Lake, Cottage Grove OR, or Clear Lake Hwy 126, OR on Tuesday July 3rd

____ Heceta Beach and Lighthouse, Florence OR, on Tuesday July 8th

____ Rafting the McKenzie Springfield OR, or Willamette River, Vida OR, on Tuesday July 17th

____ UO Tour followed by a Tie-Dye Party at Moss St., Eugene OR, on Tuesday July 24th

____ McDowell Creek, Sweet Home OR on Tuesday July 31st

____ Cascadia St. Park overnight, near Sweet Home OR on Tuesday August 7th & Wednesday August 8th

____ Evergreen Air and Space Museum overnight, McMinnville OR on Tuesday August 14th and Wednesday August 15th

*Parent Note: Consider approving all fieldtrips that your child may even possibly attend (due to drop-ins, or a requested schedule change) so that you will not have to complete this form again. You will not be charged based on the above approvals, you will only be charged based on what your child is actually scheduled for or attends due to an approved drop-in time.