



Project Salsa Parent Consent & Event Acceptance Form 2018

Complete the ENTIRE three page form – Do NOT alter the form in any manner

For health or safety reasons, every person attending the event must submit a completed health form prior to the beginning of the program. Application is due by April 20, 2018.

Event Project Salsa (formerly Camp Salsa)		CPS Course: 6643PS Urban Ecology (June 4-29) Wage Paid by: C.A.R.E (July 2-July 27)		Date(s) of Event 6/4/18– 7/27/18	
Last Name (of Youth)			First Name		Middle Initial
Gender	Birth Date	Age	T-shirt Size	Email	
Student Number		Name of High School for 2018-2019			
Parent(s)/Guardian(s)					
Parent Email(s):					
Address			City	State	Zip
Parent's Cell Phone		Text <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone	Student's Cell Phone	
				Text <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have health insurance? <input type="checkbox"/> yes <input type="checkbox"/> no					
Insurance Company Name			Insurance Company Policy Number		
Insurance Company Address			City	State	Zip
Insurance Company Phone					
Will your child be bringing any type of medication to this event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.					
Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.					
Describe any special needs (medical, physical or mental challenges) we should be aware of.					
Does your child have any special dietary needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.					
In case of emergency - Preferred Hospital					
If necessary, I approve of officials taking my child, _____, to the nearest Doctor or hospital. I further understand that, should a health problem arise, I will be notified. If I cannot be reached by phone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.					

Emergency Contact Information (other than parent/guardian)

Name		Relationship	
Home Phone	Work Phone	Cell Phone	
Family Physician		Office Phone	Address

Child Video/Photo Opt-Out Release: Please fill out if you do not want your child's photo or video taken.

I _____ prefer that the University of Missouri **not** take video, pictures and sound recordings of my child/children _____.

I understand assuring video/pictures are not taken is a shared responsibility which includes the following precautions:

- My child(ren's) nametag will have a colored dot placed on it to help photographers recognize that a picture should not be taken. It is my child(ren's) responsibility to prominently display their nametag at all times.
- The photographers will make efforts to avoid capturing my child(ren) image. It is also my child(ren's) responsibility to not participate in group videos/photos and excuse themselves from other occasions where videos/pictures are being taken.
- Videos/Photos taken at this event will be reviewed before being published or shared. In the event that a video/photo contains a child who has a dot on his/her nametag that can be seen in the video/photo, the child will be excluded from the shot (cropped out, pixelated, etc.) or the video/photo will be deleted.

I understand that The Family Impact Center and the University of Missouri cannot be responsible for videos/photos taken or shared by non-employees (such as other youth) at this event, or videos/photos of youth who do not prominently display their nametag with the identifying sticker.

Event Acceptance

Education events and activities are coordinated by The Family Impact Center. All participants must observe the following guidelines for conduct:

- Participate fully in all sessions.
- Show respect for property/facilities used during the event and assume financial responsibility for any damages caused.
- Follow the established agenda and expectations for behavior.
- Use appropriate language and wear acceptable clothing at activities and events.
- Use no alcohol, stimulants, non-prescription drugs or tobacco products.

I understand and accept the responsibility for following the above guidelines and understand that failure to do so will result in dismissal from the event or activity. Further, I accept financial responsibility for damages to property or materials, travel costs and/or program costs that might result from violation of this agreement. I understand and agree that in consideration of the acceptance in these activities, we release The Family Impact Center, The Curators of the University of Missouri, their respective officers, agents and/or employees from all liability and loss (including court costs and attorney fees) resulting from any property damage, personal injury and bodily injury including death to me in the course of these events. We will be bound by all rules and regulations while participating in said events.

Date	Signature of Parent/Guardian
Date	Signature of Youth

Both parent and student must sign.

Project Salsa – Family Impact Center

HOLD HARMLESS RELEASE AGREEMENT

1. I know that my child’s participation in Project Salsa activities could be hazardous and I agree that my child’s participation in this activity is entirely voluntary. I know my child should not enter this activity unless he/she is medically able to participate and by signature below attest that he/she is medically fit to participate. The hazards may include but are not limited to cuts, burns, illnesses, insect bites, heat exposure, sunburns, and allergic reactions.
2. That in consideration of my child’s participation in this program, I agree, on behalf of myself, my assigns, executors, and heirs, to release and hold harmless the Curators of the University of Missouri and their trustees, officers, employees, and agents from any and all liability, damage, or claim of any nature whatsoever arising out of my child’s participation.
3. I understand that the University does not provide any Accident or Medical Insurance.
4. I have read and understand the terms of this Release and agree to all terms and conditions.
5. I understand and acknowledge that the program my child is voluntarily engaging in bears certain known and unanticipated risks which could result in injury, death, illness, disease, emotional or physical distress, damage to themselves, property or to third parties.
6. I am of lawful age and legally competent to sign this waiver and release, and I have signed this document as my own free act.

Child’s name

Parent (guardian) name

Parent (guardian) signature

Date

Please submit this application by April 20, 2018 to:
1. The Family Impact Center, 105 E Ash St, Suite 200, Columbia MO 65203
2. Email: hughessar@missouri.edu