

Oklahoma State University Youth Program/Camp
Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risk Form

PROGRAM/CAMP INFORMATION

Program Name: If I build It-Engineering Camp
Program Dates: July 9-13, 2018
Program Location: 012 Willard, OSU Stillwater

Program Times: 8:30am-12:00pm

PARTICIPANT INFORMATION

Name of Participant _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Date of Birth _____ Gender M _____ F _____

Please read this document carefully before signing. This is a legally binding document. This fully signed form must be submitted by a parent or legal guardian before any child is allowed to participate in the above referenced program/camp.

I, the undersigned, wish for my Child (hereafter, "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to and from the Program.

I, on behalf of my Child, hereby release Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "OSU") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Program. This agreement is binding on my heirs and assigns.

In the event of an accident or serious illness, I hereby authorize representatives of OSU to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify OSU from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

This RELEASE shall be governed by and construed under the laws of Oklahoma. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Program, shall be brought only in Payne County, Oklahoma.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child, but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Oklahoma State University Youth Program/Camp
Media, Photo & Video Release Form

PROGRAM/CAMP INFORMATION

Program Name: If I build It-Engineering Camp

Program Dates: July 9-13, 2018

Program Location: 012 Willard, OSU Stillwater

Program Times: 8:30am-12:00pm

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.

In consideration for my child's participation in the above captioned event, I, the undersigned parent/guardian of the minor child indicated below, hereby grant to Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents ("University") the right to reproduce, use, exhibit, display, broadcast, distribute, exploit, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of my child ("Materials") by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videos, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto ("Works"). It is agreed that the Works will be used in connection with University business, the activities of the University, or for promoting, publicizing, or explaining University activities or events.

Materials may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.

I waive my right to inspect or approve any Works that may be created by the University using the Materials and waive any claim with respect to the eventual use to which Materials may be applied.

I understand and agree that the University is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. All electronic or non-electronic negatives, positives, and prints are owned by the University. I also understand that neither I nor my child will receive compensation in connection with the use of my child's image.

I, on behalf of my child, furthermore release, indemnify and hold harmless the University from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my child may suffer, for which my child may be liable to any other person, or that may or does arise out of the use of the Materials.

This RELEASE contains the entire agreement between the parties and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I acknowledge that I am signing this document freely and voluntarily. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

SIGNATURE AND COMPLETE INFORMATION IS REQUIRED:

Parent/Guardian Name _____

Minor Child's Name _____

Parent/Guardian Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

Oklahoma State University Youth Program/Camp
Medical Information and Release Form

PROGRAM/CAMP INFORMATION

Program Name: If I build It-Engineering Camp

Program Dates: July 9-13, 2018

Program Times: 8:30am-12:00pm

Program Location: 012 Willard, OSU Stillwater

As a participant or parent/guardian, I understand that the information requested on this form is intended to help inform program staff of any pre-existing medical conditions. If the participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. This information will be kept in strict confidence and will only be shared with your permission. Oklahoma State University requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for the participant. You are accountable for providing an accurate medical history. Final determination about whether to participate is the responsibility of you and your physician. If the participant has any medical issue that is not requested below, but which you think is important, please include that information. Please answer all of the questions.

I understand that Oklahoma State University does not offer any form of insurance for the participant while participating in the program.

PART 1. GENERAL INFORMATION

Participant Name _____

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____/_____/_____ Gender _____M _____F

Please list two emergency contacts:

Emergency Contact #1 Work Phone # Cell Phone # Relation

Emergency Contact #2 Work Phone # Cell Phone # Relation

PART 2. MEDICAL INFORMATION

It is recommended that you consult with a physician prior to participating in this program. If you are uncertain about any pre-existing medical conditions, it is your responsibility to consult with your own physician prior to participating in this program. Please answer all of the questions.

Physician's Name _____ Phone Number _____

Date of most recent tetanus toxoid immunization _____

Do you have health/accident insurance? (circle one): YES NO

If yes, please include the name and address of the insurance company and the policy number.

Company Name _____ Policy Number _____

Address _____ City _____ State _____ Zip _____

PLEASE INCLUDE A COPY OF THE FRONT & BACK OF YOUR INSURANCE CARD WITH THIS FORM

For the following, circle the appropriate response. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Does participant have any limiting medical conditions that you or your physician feel would limit program participation? YES NO
If yes, identify and explain:

Is the participant currently taking medication that may interfere with his/her ability to safely participate in the program? YES NO
If yes, please indicate the medication and the condition being treated:

Does the participant have a history of allergies or reactions to medications, insect stings, or plants? YES NO
If yes, please explain:

Does the participant have a history of food allergies? YES NO
If yes, please explain:

Does the participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware? YES NO
If yes, please explain:

PART 3. AUTHORIZATION FOR MEDICAL CARE

Unless prior arrangements have been made, medical needs will be handled through University Health Services or Stillwater Medical Center. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent/guardian. The hospital will not perform services unless this form is presented at the time of treatment.

Participant has my permission to receive medical attention in the event of illness or medical emergency while participating in this program. I will assume the financial responsibility for any cost of health care for my child that may occur during this program.

As a participant or parent/guardian, I understand and acknowledge that my failure to disclose relevant information may result in harm to the participant and/or others during the program. By signing my name, I represent and warrant that I have provided all materials and important information to Oklahoma State University pertaining to my participant's medical, mental, and physical condition and that it is accurate and complete. I agree to notify Oklahoma State University of any changes in the medical, mental, or physical condition of the participant prior to the scheduled program.

By revealing or disclosing the above medical information it will not be used by Oklahoma State University personnel or employees to determine the participant's ability to participate safely in activities. I understand that, if the participant chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself or the participant.

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18

Participant Name _____ Parent/Guardian Name _____

Participant Signature _____ Parent/Guardian Signature _____

Date _____ Date _____

Oklahoma State University Youth Program/Camp
Parent/Guardian Authorization, Waiver and Consent for Over-the-Counter Medication Form

PROGRAM/CAMP INFORMATION

Program Name: If I build It-Engineering Camp

Program Dates: July 9-13, 2018

Program Location: 012 Willard, OSU Stillwater

Program Times: 8:30am-12:00pm

PARTICIPANT INFORMATION

Participant Name _____ Parent/Guardian Name _____

Over-the-Count (OTC) Medication may at times need to be administered, if approval is indicated by the participant's parent/guardian. Please complete the following section to save time if your child needs any of the OTC medications during his/her stay. **NOTE: Unless we have parental authorization, we cannot administer ANY medications.**

I hereby authorize that the following medications may be given to the participant if the need arises. You may dispense only those checked.

_____ Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)

_____ Tylenol/Acetaminophen as directed

_____ Ibuprofen as directed

_____ Throat lozenges and/or spray as directed for sore throat

_____ Micatin or anti-fungus treatment as directed for athlete's foot

_____ Kaopectate or Imodium for diarrhea as directed

_____ Milk of Magnesia, Pepto Bismol or Mylanta for upset stomach or nausea as directed

_____ Rolaids or Tums for acid reflux, heartburn or indigestion as directed

_____ Benadryl for swelling, hives or allergic reaction as directed

_____ Actifed or Sudafed as directed for nasal congestion or allergy relief as directed

_____ Visine or other eye drops for minor eye irritation as directed

_____ Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as directed

_____ Swimmer's ear drops as directed

_____ Hydrocortisone ointment for mild skin irritations, poison ivy or insect bites as directed

_____ Medicated powder for skin irritation as directed

_____ Robitussin or other cough syrup as directed

_____ Calamine lotion for insect bites or poison ivy as directed

_____ Sunscreen

_____ Insect Repellent

_____ Other (list any other approved OTC drugs) _____

Program staff reserves the right to use generic equivalents when available for the name brand over-the-counter medications listed above

I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the participant's parent/guardian. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the Program Staff, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my being administered the above indicated over-the-counter medications. I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the above referenced program.

Parent/Guardian Signature _____ Date _____

Oklahoma State University Youth Program/Camp
Parent/Guardian Authorization, Waiver and Consent for Self-Administration of Prescription Medication Form

PROGRAM/CAMP INFORMATION

Program Name: If I build It-Engineering Camp

Program Dates: July 9-13, 2018

Program Location: 012 Willard, OSU Stillwater

Program Times: 8:30am-12:00pm

PARTICIPANT INFORMATION

Participant Name _____ Parent/Guardian Name _____

This form must be completed fully in order for participants to self-administer prescription medication. A new medication administration form must be completed for each program attended by the participant, for each medication, and each time there is a change in dosage or time of administration of a medication. Self-medication requires licensed health care authorization and signature, and parent/guardian signature.

_____ No, my child does not need to take any prescription medication while at the program.

_____ Yes, my child will need to take prescription medication while at the program.

All prescription medications, including medications for conditions such as food, drug, or insect allergies; diabetes; asthma; or epilepsy may be brought to the program under the condition that the participant can self-manage care and delivery of medication with written authorization to do so at the program by a licensed health care provider. Prescription medication must be in its original container labeled by the pharmacist or prescriber. The label must include name, address and phone number for the pharmacist or prescriber. Containers must hold only the amount required for the time the participant will be attending the program.

PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication name _____ Dose _____

Condition for which medication is being administered _____

Specific directions (e.g., on empty stomach/with water, etc.) _____

Time/Frequency of administration _____

If PRN, frequency _____ If PRN, for what symptoms _____

Relevant side effects _____

Medication shall be administered from (date) _____ to _____

Special storage requirements _____

Is the participant capable of self-managed care? YES NO

Prescriber's Name/Title _____

Prescriber's Place of Employment _____ Phone Number _____ Fax Number _____

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed medication(s).

Prescriber's Signature _____ Date _____

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the Program Staff, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s). I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the above referenced program.

Parent/Guardian Signature _____ Date _____

Oklahoma State University Youth Program/Camp
Rules and Disciplinary Procedures

PROGRAM/CAMP INFORMATION

Program Name: If I build It-Engineering Camp

Program Dates: July 9-13, 2018

Program Location: 012 Willard, OSU Stillwater

Program Times: 8:30am-12:00pm

RULES PARTICIPANTS AND PARENTS NEED TO KNOW:

- A. Campus regulations prohibit the use of alcohol, tobacco, and other illegal substances. Participants may not possess, use, distribute, or sell alcoholic beverages, tobacco, drugs, firearms, weapons, or fireworks.
- B. Participants must make every effort to attend all classes. Full participation is the only way a participant can gain real value from the Program.
- C. Participants must abide by rules and guidelines set by the instructors for each academic facility in use.
- D. In accordance with state law, smoking and use of other tobacco products is prohibited by anyone under the age of 18. Neither smoking nor any other tobacco use is permitted at Oklahoma State University; OSU is proud to be a tobacco-free campus.
- E. Any individual found tampering with any fire equipment (i.e. fire extinguishers, fire alarms, smoke detectors, etc.) will be dismissed from the Program immediately. Participants may not interfere with any security system or tamper with locks in participant rooms and other areas.
- F. Parents/guardians are responsible for transportation of their child/children to and from program location.
- G. Parents/guardians are allowed (but not required) to stay in the program facility during the duration of program.
- H. Participants should wear clothing and shoes appropriate for physical activity.
- I. Parents/guardians are advised to provide a water bottle for their child/children.
- J. No food or snacks are allowed.
- K. Parents/guardians with child/children with special needs should inform the program coordinator.
- L. Parents/guardians should inform the program coordinator if their child/children will not be present for a class.

DISCIPLINARY PROCEDURES:

Each participant has a reasonable expectation to enjoy a positive program experience. Therefore, the misbehavior of one participant, or a group of participants, should not be permitted to impact negatively on the program experience of others. Most This program is relatively short, so prompt action is required when problems occur. Parents and participants should be aware of the disciplinary policy.

First Offense: Participants failing to adhere to Program rules, or exhibiting behavior clearly intended to annoy or endanger other participants, will be formally warned by the program coordinator and informed that subsequent misbehavior will result in formal discussion with the respective parents/guardians.

Second Offense: Subsequent misconduct will result in a formal discussion with the parent/guardian and a warning that further misconduct will result in removal from the Program.

Third Offense: Any further inappropriate behavior will result in expulsion from the Program.

NOTE: OKLAHOMA STATE UNIVERSITY EXPECTS EACH PARTICIPANT TO HAVE A SUCCESSFUL PROGRAM EXPERIENCE. ANY OF THE STEPS OUTLINED ABOVE MAY BE OMITTED OR REPEATED AT THE DISCRETION OF PROGRAM STAFF. PARTICIPANTS DISMISSED FROM THE PROGRAM FOR DISCIPLINARY REASONS WILL NOT RECEIVE A REFUND OF ANY FEES PAID TO ATTEND THE PROGRAM.

It should be understood this procedure is intended to provide a reasonable and consistent method for dealing with the type of behavior that can be disruptive to a program, but is not so egregious as to warrant immediate dismissal from the Program. It in no way precludes immediate dismissal from the Program for more serious disciplinary problems or violations of Campus or Program regulations. A serious disciplinary problem is defined as one in which the program coordinator determines that a participant is engaging in inappropriate behavior that includes, but is not limited to the following: actions which put the participant, other participants, or Program staff member's safety in jeopardy; physical, emotional, or electronic harassment/harm against self, Program staff, or fellow Program participants; inflicting physical or emotional harm on self or others; vandalism or destruction of University property; theft of University property or the property of another participant; consistently disrupting the Program; possession of alcohol, tobacco, drugs, firearms, weapons, or fireworks; fighting; sexual harassment; or behavior that is serious enough to warrant a third offense.

PARENT AND PARTICIPANT PLEDGE

I/we understand the disciplinary procedures described above. I/we understand failure to demonstrate proper conduct during the Program may result in early dismissal from the Program without any refund of fees paid to attend. I/we pledge to abide by all Program rules and to exercise good behavior and proper respect for others.

Participant Name _____ Parent/Guardian Name _____

Participant Signature _____ Parent/Guardian Signature _____

Date _____ Date _____

Oklahoma State University Youth Program/Camp
Transportation Form

PROGRAM/CAMP INFORMATION

Program Name: If I build It-Engineering Camp
Program Dates: July 9-13, 2018
Program Location: 012 Willard, OSU Stillwater

Program Times: 8:30am-12:00pm

Name of Participant _____

Other than the parent(s) listed on the registration form, the following individuals have permission to pick my child up from the Home School Physical Education Program:

1. _____
Relationship _____
2. _____
Relationship _____
3. _____
Relationship _____
4. _____
Relationship _____

In the event that you authorize someone other than the individuals on this form to pick your child up, please submit their name in writing to Education Outreach, 325-R Willard Hall prior to the designated pick up time.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____