

**PENNSYLVANIA WESTERN UNIVERSITY-SPONSORED PROGRAM  
INFORMATIONAL FORM FOR MINORS**

**PARTICIPANT INFORMATION**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

*I, as a legal guardian, have medical insurance coverage for my child and understand that I am responsible for all medical costs associated with injuries, infections, accidents and illnesses that may occur at this University activity.*

**EMERGENCY CONTACT PHONE NUMBERS (In the event the parent or guardian cannot be reached)**

1<sup>st</sup> Contact: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

**MEDICAL HISTORY OF PARTICIPANT**

1. Any current medical conditions that may be life threatening, result in a medical emergency, or affect participation in activities? YES  NO

If yes, \_\_\_\_\_

2. Any allergies to prescription and/or non-prescription medication? YES  NO

Please list: \_\_\_\_\_ Reaction: \_\_\_\_\_

*(Please note – the staff and volunteers of this program will not administer regularly taken medication.)*

3. Any additional allergies (food, insect, etc.) YES  NO

Please list: \_\_\_\_\_

**PARENTAL CONSENT TO MEDICAL TREATMENT**

**PLEASE SIGN** the following statement concerning the medical treatment of my child: In the event of any illness or injury to my child I give the University sponsor permission to administer minor treatment, while continuing to contact the parent, guardian, designated individual, or 911 in a medical emergency.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name [Print]: \_\_\_\_\_

**PENNSYLVANIA WESTERN UNIVERSITY  
Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in [Activity/Event Name]:

\_\_\_\_\_ hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue Pennsylvania Western University**, and the State System of Higher Education, part of the Commonwealth of Pennsylvania, and their officers, employees, volunteers and agents from liability **for any and all claims including the negligence of Pennsylvania Western University, its officers, employees, volunteers and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

**Assumption of Risks:** Participation in The 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 or loss of sight, joint or back injuries, heart attacks, and concussions; to 3) catastrophic injuries including paralysis and death.

**Representations:** *I certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any Activity described above.*

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD Pennsylvania Western University and the State System of Higher Education HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** I further expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Participant's Name [Print]: \_\_\_\_\_ Participant's Age (if minor): \_\_\_\_\_

Signature of Adult Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian of Minor: \_\_\_\_\_ Date: \_\_\_\_\_