

Consent, Waiver, Release, and Assumption of Risk  
Kansas State University  
Vet Med ROCKS Summer Camp

*Please print clearly. Completed forms can be scanned and emailed to [vetmed@ksu.edu](mailto:vetmed@ksu.edu), mailed to College of Veterinary Medicine, 1710 Denison Ave., 101 Trotter Hall, Kansas State University, Manhattan, KS 66506, or given to registration staff at Camp check-in.*

Name of Participant: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Expected High School Graduation Year: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip Code

County

Parent or Guardian Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please specify any accommodations (including but not limited to dietary needs) that your child will need to participate in this Camp: \_\_\_\_\_

Vet Med ROCKS Summer Camp, August 2-6, 2019, is a camp for high school and college students to learn more about the veterinary profession. More details can be found here: <http://www.vet.k-state.edu/asp/rocks/>. Breakfast and dinner will be provided at the dining hall, lunch will be provided at the College of Veterinary Medicine. August 5, 2019: Lunch will be provided at the College of Veterinary Medicine. August 6, 2019: Lunch will be provided at the College of Veterinary Medicine.

Please list the number for a cell phone your child will have in his/her possession during the Camp (This is NOT mandatory. If provided, the number will be used for coordinating participants during the Camp. The numbers will be maintained and utilized only by Kansas State University College of Veterinary Medicine Office Staff): (\_\_\_\_\_)\_\_\_\_\_

In consideration of my child being allowed to participate in the Vet Med ROCKS Summer Camp on or about August 2-6, 2019, I, the undersigned parent or guardian, agree on behalf of myself and my child as follows: (please initial next to the following statements to indicate your agreement)

\_\_\_\_\_ I have received, read, understand, and accept the **General Rules for Vet Med ROCKS** Summer Camp included below. I and my child are bound by the guidelines and agree that my child must conduct himself/herself in a respectful manner so as not to substantially disrupt or interfere with others' participation(s). I understand a failure by my child to comply with the Rules and/or if my child conducts himself/herself in a substantially disruptive manner, my child may be removed from the Camp, with no refund provided.

\_\_\_\_\_ I grant my permission for my child to participate in all activities during the Camp and to ride in vehicles operated by the releases (defined below) to and from events during the Camp.

\_\_\_\_\_ I grant my permission for my child to participate in all evaluation activities conducted in conjunction with the Camp. I understand that my child will be asked to complete surveys both before and after the Camp. These surveys explore my child's interest in and attitude toward veterinary medicine. A number will be assigned to those surveys to enable the evaluators to compare my child's responses before and after the Camp, so that his/her name will not be used in any evaluation reports developed from the information gathered. The information is being gathered for the purpose of making future Camps more effective and understanding what kinds of interventions assist participants in exploring careers in veterinary medicine.

\_\_\_\_\_ I hereby WAIVE, RELEASE, AND DISCHARGE for my child and myself, my child's and my heirs, executors, administrators, legal representatives, assigns, and successors in interest ("successors"), Kansas State University, the State of Kansas, the Kansas Board of Regents, and all their agents, officers, and employees (all collectively referred to as "releasees"), from all claims, demands, and causes of action of any kind, including claims for negligence which may arise from or be related to my child's participation in the aforementioned activity, including travel to and from events during the Camp.

\_\_\_\_\_ I and my child fully realize the risks associated with participation in the aforementioned activity, and I and my child fully ASSUME THOSE RISKS, including by way of example, but not limited to: the possibility of serious physical and/or mental trauma or injury (minimal, serious, catastrophic, death), injury from sharp objects and chemicals, eye irritation, burns, injury from exposure to potential allergens from animals, plants, chemicals, and other substances, injury from extensive walking, and other harmful interactions with other participants, releasees, or other third parties. I also agree and acknowledge that my child's participation is voluntary, and I will not permit my child to participate unless he or she is medically able, realizing his or her physical limitations and abilities.

\_\_\_\_\_ I give permission to the releasees to act in my absence to authorize members of the medical profession and any hospital to treat my child for illness or injury suffered during the Camp. Without limiting the foregoing release, waiver, and discharge, I (and on behalf of the successors) specifically hold the releasees harmless in the exercise or non-exercise of such permitted action and related decisions. I shall assume all medical expenses and recognize that no medical insurance is being provided by or through the releasees.

\_\_\_\_\_ I grant permission for the releasees to store the medications supplied by me or my child in a safe location in order for my child to access it to self-administer or for me to administer during the Camp. I understand that I must label all medications with the child's name. I understand that releasees will not dispense or administer or instruct about medications, and take no responsibility for the child's or my administration of any medications. I understand that the releasees will permit access by my child at my child's request to the medications I have supplied.

\_\_\_\_\_ I waive any rights to and consent to the recording and use of my child's image and likeness by releasees. I understand and voluntarily authorize the releasees to: (1) record my child's participation and appearance on videotape, audio tape, film, photograph, electronic data or image, and/or any other medium (collectively referred to a "Photographs"); (2) use and/or publish my child's name, likeness, voice, biographical material, and/or other private and/or public facts and/or opinions (collectively, "Likeness") in connection with or separate from these Photographs; (3) exhibit and distribute such Photographs and/or Likeness in whole or in part, without restrictions or limitation, for any communications, educational, marketing, advertising, publicizing, promotional, and/or any other purpose which the releasees deem appropriate. I understand and consent that my child's Likeness and any Photographs may be posted on and/or accessible to the public via the Internet and other media. I waive any right that I or my child may have to inspect and/or approve any finished Photographs or Likeness products or the use to which it may be applied, and I understand and consent that neither I nor my child will receive financial compensation in exchange for use of the Photographs and/or Likeness. Without limiting the foregoing releases, waivers, and discharges, I (and on behalf of the successors) specifically hold the releasees harmless from any and all types of liability related to the Photographs and/or Likeness, including without limitation, for negligence or invasion of privacy of any and all types, and for damages to my person, property, and/or reputation, including without limitation damages related to any blurring, distortion, alteration, or optical illusion that may occur and/or be produced in any manner whatsoever.

#### General Rules and Guidelines for Vet Med ROCKS camp:

- Please wear flat, closed-toed shoes to all daytime activities
- Wear your nametag at all times
- Wear your VM ROCKS shirt during camp activities
- If you are going off campus or to a lab, wear long pants
- Be on time and follow the schedule

- Stay with your group and mentors at all times
- Furniture in the rooms cannot be moved/rearranged
- Switching of roommates is not allowed without permission from the applicable staff member
- Extra towels, blankets and soap are available at the front desk of the residence hall
- Please dress appropriately to not reveal nudity when outside your room or in presence of others (staff members will be present in halls of residential areas)
- Whenever a fire alarm is sounded, everyone must evacuate the residence hall
- If you lose your room key, you will be charged \$50 to replace the key
- Cell phones or other electronic devices may not be used during any workshop activities

This document is a continuing consent, waiver, release, and assumption of risk with no limitations or reservations, unless and except those stated herein. Any copy or other reproduction of this document has the full force and effect and is binding as the original.

By signing below, I agree to the above terms. Please print, complete and sign the form. Bring it with you to registration or email a scanned copy to [admit@vet.k-state.edu](mailto:admit@vet.k-state.edu).

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date