



**Haworth College
of Business**

WESTERN MICHIGAN UNIVERSITY

CAMP RELEASE FORM

Summer 2020

Student Information

Student Name (first, last, middle initial): _____

Date: _____

City, State, Zip Code: _____

Phone Number: _____

Last Grade Complete (Must be grade 10 or above): _____

Emergency Contact

Emergency Contact Name: _____

Relationship: _____

Phone: _____

Health Insurance

The above named student is covered by health insurance. Yes or No. _____

Insurance Company: _____

Individual Policy Holder's Name: _____

If coverage is through employer, list employer's name and address below:

Employer Name: _____

Employer Address: _____

Release of Rights

As the legal parents/guardians of _____, minor, who is participating in the Western Michigan University ("WMU") Business Career Camp: Build Your Brand on-campus college event, I/we hereby agree to the following conditions:

Medical Treatment Authorization

I/We attest that currently there is no health-related reason for Student not to participate in the activities of the on campus event. I/we also acknowledge that WMU is not responsible to administer or monitor the taking of any medication/medicines and/or any health or medical treatments/procedures.

In the event I/we cannot be reached, I/we authorize WMU and/or its designee, including but not limited to medical staff at Sindecuse Health Center and/or nearest hospital emergency room, to act for me/us and to give the required consent and authorization for medical care, diagnosis, and treatment, including but not limited to surgical intervention if necessary, in behalf of Student, and to do all the necessary things I/we might, or could do, if personally present. I/we assume responsibility for expenses incurred.

Assumption of Risk, Indemnification, and Release

I/We, the undersigned, agree and acknowledge that in consideration of the use of certain WMU facilities and participation in related on-campus activities including but not limited to classroom, extracurricular, athletic, transportation, and room and board activities, as the legal parents/guardians of Student, I/we assume full risk of injury arising from the use of these facilities and participation in related college visit activities, as outlined in the schedule of activities provided by WMU. Neither WMU and/or its designee shall be responsible for any injury or damages except that caused by the gross negligence of WMU or its personnel.

I/We further agree to save and hold harmless, indemnify, and defend WMU and/or designees from any claim by me/us, Student, or Student's family, estate, heirs, administrator(s), personal representative(s) or assigns, arising out of Student's participation in the on campus event.

Release for Travel

My child/dependent, **the above named student**, is authorized to travel on Business Career Camp: Build Your Brand sponsored trips and affairs in vehicles and other modes of transportations provided by the program while enrolled as a participant.

Waiver of Liability

I/We, the undersigned, agree and acknowledge that WMU is not responsible for damage, loss, or theft of personal belongings that the Student brings to WMU.

Waiver of Publicity

I/We, the undersigned, give permission for the use of any photos, movies, and audio or video tapings of Minor's activities. The material so obtained may be employed with WMU approval for educational purposes, media coverage, or for publicity benefiting education. I/We also acknowledge that WMU cannot control photography/filming between Students.

Release of Information

I/We do hereby grant permission and authorization for you to release information from the comprehensive and cumulative records of my dependent, the above named student on this application, to representatives of the Western Michigan University Business Career Camp: Build Your Brand Program, post-secondary schools, or other educational institutions who are seeing information concerning his/her participation in the Business Career Camp: Build Your Brand Program. This information may include grades, class rank, school attendance, teacher evaluations, standardized test scores, academic performance and official transcripts. It may also be used for data collection, follow-up and general informational purposes.

I/We understand that the Student will be subject to the rules and regulations of WMU Staff and that WMU may, as result of inappropriate conduct or other reasons, revoke the invitation to participate at any time resulting in the Student's immediate dismissal and ban from WMU property.

Being the legal parent/guardian of the above named student, my signature below indicates that, to the best of my knowledge, the information given on this application is true, complete, and accurate. I acknowledge that all responsibility is released from the Business Career Camp: Build Your Brand Program at WMU and his/her affiliated high school once my child leaves the school premises.

THIS IS A RELEASE OF LEGAL RIGHTS—READ AND UNDERSTAND BEFORE SIGNING.

Print Legal Parent/Guardian Name: _____

Signature of Legal Parent/Guardian: _____

Date: _____