INFORMED CONSENT, RELEASE OF CLAIMS AND MEDICAL AUTHORIZATION

I voluntarily desire to have my child participate in Inspiration Day offered at The University of Akron (University) on March 19, 2016. As part of the event, I understand that my child may participate in any combination of activities, including but not limited to: workshops with professional engineers, hands-on exposure to engineering activities, panel discussions, breakfast and lunch. I acknowledge and understand that my child’s participation in the above-referenced activity may expose my child to certain risks and personal injuries, including death, as well as damage or destruction to my child’s personal property. I, on behalf of me and my child, voluntarily assume any and all risk of accident or personal injury or damage or loss to me or my child’s person or property in connection with my child’s participation in the above-referenced course.

In consideration for my child being allowed to participate in said activity, I, for my child, myself, and for my and my child’s executors, administrators, heirs and assigns, release and forever discharge The University of Akron and its Board of Trustees, its administrators, officers, instructors, agents, and employees (collectively the “University”) from any and all claims for loss, damage injury or cost and any action whatsoever, including but not limited to those based on negligence, that I might have myself or could bring on my child’s behalf, and which arise in any manner out of my child’s participation in this activity. I understand that this Release means, among other things, that I am giving up my right and my child’s right to sue The University of Akron and its Board of Trustees, its administrators, officers, employees, agents and students for any such loss, damage, injury or cost that I or my child may incur.

I hereby consent to the reasonable discretion of The University of Akron employees, students, or volunteers supervising and operating the above-referenced activity and further authorize the administration or emergency first aid care and treatment for my child, the administration to my child of any treatment deemed necessary by a licensed physician or dentist, and the transfer of my child to any hospital, clinic or other facility reasonably accessible. I understand that should any such medical care or treatment be necessary, I am fully responsible for all costs associated with such care and treatment. I further agree to hold The University of Akron, as well as its Board of Trustees, officers, employees, agents, representatives, or volunteers harmless from any claims arising from the same.

I agree that this release binds me and my child’s heirs, administrators, executors and/or assignees.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE, THAT I AM OF LEGAL AGE AND THAT I HAVE THE AUTHORITY TO SIGN THIS DOCUMENT.

________________________________________  __________________________________________
Student’s Name (Printed)                  Parent / Guardian’s Name (Printed)

________________________________________  __________________________________________
Date                                              Parent / Guardian’s Signature

________________________________________
Relationship (please indicate parent/guardian)