

**Section 1: Program**

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Name of program: \_\_\_\_\_

Date(s): \_\_\_\_\_

**Section 2: Minor Child Information**

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Name: \_\_\_\_\_ Name You Use (ex: Nickname, Chosen Name): \_\_\_\_\_  
First Middle Last

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Section 3: Parent/Legal Guardian/Foster Parent Information**

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Parent/Legal Guardian/Foster Parent: \_\_\_\_\_  
First Middle Last

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contacts**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Section 4: Medical Information**

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Is the minor child currently being treated by a physician for an injury or illness? Yes or No; if yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

List all medical conditions that should be noted: _____ _____	List all medication that is currently being taken: _____ _____	List all allergies/health conditions/concerns: _____ _____
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Reaction to allergies/conditions/concerns: \_\_\_\_\_

List steps to be taken to accommodate this condition: \_\_\_\_\_

**Section 5: Transportation (pick up and drop off)**

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All Programs must establish a procedure for the pick-up and drop-off of Program Participants, specifying times and locations. The Authorized Adult(s) overseeing the pick-up and drop-off of Program Participants shall remain at the specified location until all minor children have been released.

As the parent/legal guardian/foster parent of the minor child above, I certify that I have received, read, and understand the pick-up/drop-off and transportation procedures provided by the Program. If there are special arrangements that need to be made, I will inform the director of the Program.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian/Foster Parent      Signature of Parent/Legal Guardian/Foster Parent      Date

## Section 6: Certification

As the parent/legal guardian/foster parent of the minor child above, I hereby certify that the above information is the most up-to-date and correct to the best of my knowledge that I agree to the following as a condition of (Minor child's name) \_\_\_\_\_ participation in Grand Valley State University (GVSU) program or visit and/or related activities.

I give my permission to GVSU, St. Mary's Hospital, Spectrum Health Care System, North Ottawa Community Hospital, Metropolitan Health Care System or other health care providers to provide, seek, obtain, or approve any routine, necessary, or emergency health care during the minor child's involvement in the GVSU programs. I understand that this authorization is given in advance of any specific diagnosis, or treatment or medical care being required and is to serve as specific consent to any and all such diagnosis, treatment or hospital care which may be deemed advisable. I understand my rights under the Health Insurance Portability and Accountability Act (HIPAA) and authorize GVSU to release information as necessary for managing program healthcare.

I acknowledge that participation in the camp/activity/visit and/or related activities involves assumed and inherent risk of personal injury. I assume such risk on behalf of the minor child and give my permission to the minor child to participate in all program activities. I release and agree to hold harmless GVSU, its Board of Trustees, students and employees from all claims, actions, damages and liabilities for personal injury, damage or illness relating to or arising out of any activity except where the injury, damage or illness is caused by the gross negligence of the university's employees. I understand that the minor child will be subject to the rules and regulations of the GVSU camp/activity/visit and/or related activity. I understand that any person who repeatedly disobeys University policies or procedures will be immediately expelled from the program. GVSU is not responsible for lost or stolen property.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian/Foster Parent      Signature of Parent/Legal Guardian/Foster Parent      Date

## Section 7: Permission

\_\_\_\_\_ has my permission to participate in \_\_\_\_\_  
(Minor child's Name)      (Program)

## Section 8: Release and Indemnification

I have read this entire Minor Child Program Release Form and agree to release and indemnify the university, I fully understand it and I agree to be legally bound by it.

Minor child's Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian/Foster Parent      Signature of Parent/Legal Guardian/Foster Parent      Date

### (Optional) Release for Advertising, Publicity, and Display Materials

I hereby authorize Grand Valley State University to:

- (a) Record my child's likeness and voice on a video, audio, photographic, digital, and electronic or any other medium.
- (b) Use my child's name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I give permission to Grand Valley State University to use, without charge and without reservation, my child's likeness in any medium and for any lawful purpose, including promoting the University, its programs and services. I waive any rights of action I may have and release Grand Valley State University and its licensees from any and all claims I may have arising from my child's likeness, including any rights to sue for defamation or violation of my rights of privacy and publicity.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Foster Parent      Date

\*Refusal to sign this portion of the release form does not impact the minor child's rights to participate.