

Vanderbilt University Participation Agreement for Adults/Minors Under 18 Years of Age

Name of Participating Adult/Minor and Program Name

I, (Print Adult Participant OR Name of Minor's Parent or Legal Guardian) _____ state that (Print Participant Legal Name Legal Name) _____ ("myself/the minor") desires to attend and I hereby consent to my/his/her/their attendance and participation in EMPOWERing Youth with Visual Impairment ("EMPOWER VI") Mentoring Program (hereafter "program"), hosted by Vanderbilt University ("Vanderbilt"), using an online platform on/between _____ and _____. Participant is a voluntary participant in this Program. I acknowledge that the risks of participation in the program may include, but are not limited to, minor injuries to catastrophic injuries.

Permission to Participate and General Release

In exchange for allowing myself/the minor to participate in this event or program, I agree to release from liability, indemnify, and hold harmless Vanderbilt, its trustees, employees, agents, volunteers, and/or assigns from any and all claims, demands, losses, expenses, actions or causes of action which arise out of or occur during or as a consequence of the minor's participation in the event or program caused, in whole or in part, by any negligence of Vanderbilt, its trustees, employees, agents, volunteers, and/or assigns. I acknowledge that I/My child are subject to rules, regulations, and Codes of Conduct of the university and the program and that failure to comply may result in immediate dismissal without monetary refund. To ensure safety of me/my child and other participants, I understand that failure to fully disclose medical or behavioral conditions prior to activities may also result in the dismissal of me/my child from the program.

Emergency Treatment Authorization

I understand that this program (unless otherwise indicated) does not employ medical personnel or provide medical care. In the case of critical or emergency injury or illness, personnel will attempt to reach the parent, guardian, and/or emergency contact. If the contact/parent or guardian cannot be reached or if time does not permit, I give my permission for Vanderbilt University to authorize emergency services for myself/the minor. I understand and agree that Vanderbilt assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical services. I acknowledge that any medical service will be my financial responsibility and not that of Vanderbilt. I also hereby affirm that I have health insurance coverage for myself/the minor.

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone (1): _____

Emergency Contact Phone (2): _____

Protection of Minors and Mandatory Child Abuse Reporting

Vanderbilt personnel adhere to Tennessee state law on mandatory child abuse reporting. Vanderbilt also has a mandatory internal child abuse and misconduct reporting procedure. If there is reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a Vanderbilt University program, please consult the program director, or Risk Management (615-936-5935), or report via the Vanderbilt hotline at 844-814-5935. The Tennessee Child Abuse reporting hotline number is 877-237-0004.

Acknowledgement

I, the undersigned, state that I am the parent/legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to the minor and to myself. I further understand that that minor participants cannot participate under ANY circumstances in the above specified program without parental consent and that the minor will not be allowed to participate without entering into this agreement. This document is binding upon me, the minor, and any person suing on behalf of the minor.

Participant OR Parent's/Guardian's Printed Name and Signature (if participant is under 18)

Print name: _____

Signature: _____

If the signature function does not work, type your full name in this edit box _____

Date: _____