

## DRIA PROGRAM PARTICIPANT AGREEMENT

I, \_\_\_\_\_, am a participant in the following program at the University of Pennsylvania:

\_\_\_\_\_  
Name of Program, Camp or Clinic

The dates of this program are: \_\_\_\_\_ to \_\_\_\_\_  
Dates of participation

As a condition of my participation in this program, I agree and understand the following:

1. I will abide by the rules and regulations of the program as explained to me by the program supervisors.
2. I will attend program activities as required.
3. I will treat each person in the program with respect and courtesy. Abusive language is strictly forbidden. Bullying, hazing, threatening behavior, and harassing conduct are also strictly forbidden.
4. I will respect University property and act responsibly on campus. I understand that I am responsible for any damage that I may cause to any property of the University.
5. I understand that all sexual activity is absolutely forbidden and will not be tolerated.
6. I understand that the possession, use, consumption, or sale of any drug (including cigarettes and alcohol, but not including prescribed medication if used as prescribed) is strictly prohibited and a criminal act under United States law.
7. I understand the possession, use, handling, or sale of any type of weapon is strictly prohibited. I understand that I must immediately notify my program director or security liaison should I become aware of another student having possession of a weapon.

**I have carefully read and understand this agreement. I have had the opportunity to ask any questions I may have about the program and the rules I am hereby agreeing to follow. I understand that if I fail to abide by any of the conditions in this agreement, I may be dismissed from the program immediately or that I may be subject to other appropriate disciplinary action.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: : \_\_\_\_\_

Date: \_\_\_\_\_

\*Parent/Guardian signature not required if participant is 18 or older.

## PARENT PERMISSION FORM FOR MINOR PARTICIPANTS – DRIA CAMPS AND CLINICS

My son/daughter, \_\_\_\_\_, is participating in the \_\_\_\_\_ program at the University of Pennsylvania

\_\_\_\_\_  
Name of Program, Camp or Clinic

from \_\_\_\_\_ to \_\_\_\_\_

I have carefully read, understand and have signed the Program Participant Agreement. I also have carefully read and understand the terms of this permission form and have had the opportunity to ask any questions I may have.

I hereby give my permission for my son/daughter to participate in the program, and any and all of its activities, and agree to release, indemnify, and hold harmless the University of Pennsylvania from and against any claim which I or my son/daughter or any other person may have for any losses, damages or injuries arising out of or in connection with my child's participation in the summer program. It is agreed that my child's participation is adequate consideration.

I understand that photographs, video recordings or audio recordings may be taken of me during my participation in this Program by employees, students, or agents of the Trustees of the University of Pennsylvania and shall be used in connection with the University of Pennsylvania's dissemination of information by its academic and public service programs to the general public. I authorize the University of Pennsylvania to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, for purposes of publicizing University of Pennsylvania programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written copy, wherein my likeness appears. "I hereby give my permission for my son/daughter to participate in the program, and any and all of its activities which may include but is not limited to providing transportation for activities that require such.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: : \_\_\_\_\_

Date: \_\_\_\_\_

**\*A minor is any participant under 18 years of age.**

**Trustees of the University of Pennsylvania Summer Programs  
WAIVER AND RELEASE**

In return for being permitted to participate in \_\_\_\_\_,  
**Name of Program, Camp or Clinic**

at the University of Pennsylvania and understanding that there are certain risks in connection with such activity, and intending to be legally bound hereby, the undersigned, on my behalf and on behalf of my minor child as indicated below, hereby expressly agrees to:

1. Release, waive, discharge and agree not to sue the Trustees of the University of Pennsylvania and all its trustees, officers, faculty, employees, students, and agents, as well as their successors, heirs, and affiliates, with respect to any and all claims and/or liability (in law or in equity, or for an attorney's fee) relating to the use or access of the facility and/or participation in the program;
2. Assume any and all risks arising from use of or access to the facility and/or participation in the program referenced above, including without limitation, the risks of bodily injury or property damage or loss, the unavailability of emergency medical care or the negligent or the deliberate act of another person. I

explicitly acknowledge that CDC guidance advises that the risk of contracting communicable disease, including but not limited to COVID-19, which may cause serious illness or death, may be increased in congregate settings and recreational facilities. I specifically assume the risk of contracting communicable disease and acknowledge that this risk is encompassed within the scope of the release in the following paragraph.

3. Indemnify and hold harmless the Trustees of the University of Pennsylvania and all its trustees, officers, faculty, employees, students, and agents, as well as their successors, heirs, and affiliates, with respect to any and all claims and/or liability (in law or in equity, or for an attorney's fee) relating to any negligent or intentional act or omission of the undersigned or the undersigned's minor child.
4. I understand that photographs, video recordings or audio recordings may be taken of me during my use of Rhodes Field by employees, students, or agents of the Trustees of the University of Pennsylvania and shall be used in connection with the University of Pennsylvania's dissemination of information by its academic and public service programs to the general public. I authorize the University of Pennsylvania to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, for purposes of publicizing University of Pennsylvania programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I acknowledge that I have read and understood this Agreement and Release and that any questions I may have regarding its content and effects have been answered to my satisfaction. I am entering into this release on my own behalf and/or on behalf of my minor child freely and voluntarily.

\_\_\_\_\_  
Name of Participant (please print)

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

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

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

\_\_\_\_\_  
Date

### **Authorization for Medical Treatment of a Minor**

I hereby authorize representatives of the \_\_\_\_\_ program at the University of  
Name of Program, Camp or Clinic

Pennsylvania to consent to emergency and urgent medical treatment for the Participant named below, including securing a medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted below.

This authorization shall remain in effect as long as Participant is participating in the program.

Exceptions: (if none, write "none") \_\_\_\_\_

Participant is allergic to the following medications: \_\_\_\_\_

Other medical conditions that you wish for those providing treatment to be aware of:

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**\* PLEASE ATTACH A COPY OF THE PARTICIPANT'S IMMUNIZATION RECORD \***

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

Participant's Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Participant's Physician name / phone number: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

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**Insurance Information**

Is Participant covered by a health insurance plan? Yes \_\_\_\_\_ No \_\_\_\_\_ \*\*

Name of Participant's health insurance company \_\_\_\_\_

Policy or plan number(s) \_\_\_\_\_

**(\*Please provide ALL numbers and/or codes to identify your plan or policy and attach a photocopy of your membership card or policy document to this form.)**

Name of subscriber to policy or plan \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

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

**Program Emergency Contact Information**

Print Participant's Name: \_\_\_\_\_  
(First, Middle, Last/Surname)

Participant's Birthdate: \_\_\_\_\_

**Two emergency contacts and 24/7 contact information is required:**

1. Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone # Day: Area Code (\_\_\_\_\_) \_\_\_\_\_

Phone # Evening: Area Code (\_\_\_\_\_) \_\_\_\_\_

Cell: Area Code (\_\_\_\_\_) \_\_\_\_\_

Permanent address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone # Day: Area Code (\_\_\_\_\_) \_\_\_\_\_

Phone # Evening: Area Code (\_\_\_\_\_) \_\_\_\_\_

Cell: Area Code (\_\_\_\_\_) \_\_\_\_\_

Permanent address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\*The participant emergency contact information provided on this sample is the minimum amount of information necessary that program staff must obtain in advance of the program (data must be maintained on file for the duration of the program).