

**PARTICIPANT WAIVER AND  
PERMISSION FORM**  
**Programs Involving Minors**

I am the parent or legal guardian of \_\_\_\_\_ (name of minor child participating in the WPI Program). In consideration for, and a condition of, my child's participation in the Program, I hereby agree to the following (sign the bottom of this form):

- A. Liability Release. I hereby waive, release, absolve, forever discharge, and indemnify and hold harmless Worcester Polytechnic Institute (WPI), its employees, trustees, officers, volunteers, and agents from any and all claims, damages, losses and/or expenses arising out of or related to participation in a Program on WPI's campus or sponsored by or on behalf of WPI. I assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such activities. I also agree that we will not bring any lawsuits nor make any demands nor pursue any complaints against WPI as a result of his/her participation in WPI activities. Agreement to this Release also warrants that participation in this activity is voluntary and the participant and undersigned have read and understand the inherent risks involved in the activities. The participants understands that these risks exist despite the safety precautions and procedures implemented by WPI. The participant agrees to obey all rules and policies mandated by WPI personnel in our Participant Agreement and Code of Conduct (available on our website).

I hereby give my consent for the participant to join in all WPI activities. I warrant that the participant is physically fit and able to participate in all activities without undue risk. There is and will be adequate health insurance coverage in force for the term of the participant's attendance. The undersigned further verifies that the health insurance covers any and all accidents, injuries or illnesses that may result from participation in WPI activities.

- B. Photo, Media and Copyright Release. I grant my permission for WPI to photograph, videotape and/or audiotape myself or my child during activities at WPI. These photographs/videos/audios will remain the property of WPI and may be used in advertising or marketing campaigns on WPI's websites, and for promotional and informational material including, but not limited to, flyers, brochures, newsletters, emails, advertisements, newspaper articles, TV or cable interviews/promotions. I understand my child will not be identified by name unless I give my express permission. I hereby waive and release on behalf of myself and/or my child, any rights to compensation for, or ownership of, such images and/or sounds.

- C. Medical Release. I give permission for WPI program staff to (1) provide routine healthcare, first-aid, and seek emergency medical treatment on my behalf and (2) arrange for medical transportation, if necessary, for the participant. I hereby give permission for medical personnel selected by WPI's designated healthcare/emergency staff to secure and administer medical treatment including hospitalization, order and administer medications, anesthesia, X-rays, surgery or special procedures if deemed medically necessary for the participant during the duration of the program. I hereby understand that all medical costs are my financial responsibility and agree to pay for all charges associated with procuring or providing medical care for the participant named below.

(please initial each one that applies)

Over-the-Counter Medication. I give permission for WPI Program staff to administer prescribed and over-the-counter medications as described for my above-named child. I give permission for the following over-the-counter medications to be administered to my child if necessary due to injury and/or illness, according to the manufacturer's recommendations, by WPI program staff (please indicate YES or NO):

Tylenol YES/NO            Ibuprofen YES/NO  
Benadryl YES/NO        TUMS YES/NO

Asthma. Due to asthma and/or allergies that may require immediate medication, I hereby grant my child the authority to carry the medication listed below and to self-administer it as directed by the prescribing physician when needed. My child has the knowledge and skills to safely possess and use the identified medication in a camp setting. I take full responsibility for my child's adherence to the dosing schedule; WPI will not monitor self-administration. (please indicate YES or NO):

Asthma Inhaler YES/NO        Epi-Pen YES/NO

Leaving Campus. I give permission for my child to participate in planned off-campus excursions as part of the Program.

Use of the Pool. I give permission for my child to use the WPI pool in conjunction with supervised Program activities. I understand that the pool will be tended by a certified lifeguard at all times my child will be in the pool.

Sports. I give permission for my child to participate in athletic activities ancillary to the WPI Program s/he will be attending. I understand that I will be required to sign a separate waiver form if my child is going to be permitted to use the athletic facilities in the Sports and Recreation Center.

Carpool Pick-Up. I give permission for WPI Program staff to release my child into the custody of the parents, guardians and emergency contact provided previously in connection with the Program, and the following additional people:

My child will require the following medication while participating in the Program:

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My child has the following medical condition(s) of which WPI should be aware while my child is participating in the Program (NOTE: If any condition constitutes a disability, please contact WPI's Office of Disability Services):

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My child has the following nutritional and/or dietary restrictions of which WPI should be aware while my child is participating in the Program:

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I hereby certify that the above named child is covered by health and accident insurance or Medicaid. The policy information is:

Policy Number: \_\_\_\_\_

Coverage Provider: \_\_\_\_\_

Policy holder's name: \_\_\_\_\_

Emergency Contacts and Contact Information (**MUST COMPLETE**):

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME: \_\_\_\_\_

(Please print)

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_