



TEACHER PARTICIPANT & PHOTO RELEASE FORM

SPRING 2018

TEACHER PARTICIPANT RELEASE

As part of the consideration for participating in the Splash UNC Educational Program, a day long program which provides classroom instruction and hands on demonstrations on the UNC-CH campus in Chapel Hill, North Carolina, on Saturday, April 14, 2018, sponsored by Splash UNC, a recognized student organization at the University of North Carolina at Chapel Hill, and in consideration of the voluntary nature of this event, I, _____,

do hereby release, hold harmless, and forever discharge all members, officers, directors, advisers, and agents of Splash, Learning Unlimited, and the University of

North Carolina at Chapel Hill, its officers, employees and agents, from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, property damage, personal injury, including death, that I may sustain or to that may be sustained to any property belonging to me while participating in this event. I am fully aware of the risks and hazards associated with participating in this event such as possible injury, death or property damage that may occur during the time that I am on the UNC-CH campus. I hereby elect voluntarily to participate in this activity. I voluntarily assume full responsibility for any risk of loss, damage or personal injury, including death, and for any property damage that I may sustain as a result of my participation in this activity except that caused by the negligence of Splash UNC, its officers, members, employees and agents, Learning Unlimited, its officers, members, employees and agents, or The University of North Carolina at Chapel Hill, its employees or agents.

I further agree to indemnify and hold harmless all members, officers, directors, advisers, and agents of Splash, Learning Unlimited, their heirs and assigns, and the University, its employees and agents, from any loss, liability, damage or cost, including court costs and attorney's fees that they may incur due to my participation in this event. This release and hold harmless agreement is binding on me, my parents, my heirs, assigns, and personal representatives.

In the event of illness or injury, I hereby authorize the medical professional present to obtain emergency or other medical treatment for me as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the medical professional present to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a licensed physician is deemed advisable. A copy of this release and hold harmless agreement shall have the same force and effect as the original.

I acknowledge that I am in good health and has no known physical disabilities or allergies that would cause me to suffer any kind of mental or physical harm while participating in this event, other than those noted below. I understand that I must provide transportation to and from this for myself on Saturday, April 14, 2018.

I also acknowledge that I have attended a Sexual Assault Prevention Training or I have reviewed and fully understand the Protection of Minors on Campus Training PowerPoint provided by Splash UNC on behalf of Starr Barbaro.

This the _____ day of _____, of 2018 (date of signatures):

Name of Participiant (Please print):

Witness Name (Anyone 18+, please print):

Signature of Participant:

Witness Signature:

Permanent Address: _____

Phone number where you can be reached during event: _____

Alternate emergency contact and phone number: _____

Please list any allergies or disabilities that you have in this section: _____

PHOTO RELEASE

I, (print your name) _____, DO / DO NOT (circle one) authorize Splash UNC to permit its representatives and/or the news Media to take photographs and/or videos of (print name your name again) _____ during the Splash UNC educational program on Saturday, April 14, 2018, and authorize Splash UNC-Chapel Hill to publish the same photographs or videos with their affiliate organizations, on their website, for their annual report, and in other materials. I understand that these photographs or videos may be distributed in a print format, over the Internet, or through other media outlets, in an educational or historical manner.

Name of Participiant (Please print):

Witness Name (Anyone 18+, please print):

Signature of Participant:

Witness Signature:
