



UNIVERSITY OF
ARKANSAS.

Fay Jones School
of Architecture + Design

Design Camp
RELEASE AND WAIVER OF LIABILITY

For and in consideration of the agreement of the University of Arkansas to permit me to voluntarily participate in the Fay Jones School of Architecture + Design Design Camp to take place during Summer 2016 on the University of Arkansas campus, at Garvan Woodland Gardens in Hot Springs, Arkansas, at Little Rock, Arkansas, or at Wilson, Arkansas, I hereby generally and forever release and discharge without limitation, and agree not to sue the University of Arkansas and/or its respective officers, employees and agents, from and against any and all manner of claims, causes of action, or liability which I may have now or at any time in the future against the University of Arkansas, and/or its respective officers, employees and agents, including without limitation, any faculty or staff members assisting with the program, which may arise out of or relate to any injury (including, but not limited to death), loss, damage or harm of any kind which may result or may happen to me during the period while I am participating in the program, including any injury (including, but not limited to death), loss, damage or harm which may result from the negligence of the University of Arkansas and/or its respective officers, employees and/or agents.

_____ (Please initial – Student & Parent/Guardian)

I further agree to indemnify, defend, protect, and hold harmless the University of Arkansas and/or its respective officers, employees, and agents, from and against any and all manner of claims, causes of action, or liability, arising out of or relating to any accident, injury or damage, including, but not limited to death, to me which may occur during my voluntary participation in the Design Camp. _____ (Please initial)

I further state that I will abide by any and all rules and regulations set forth by the University of Arkansas. I further acknowledge and agree that my intentional or inadvertent failure to abide by these rules may result in my immediate removal from the Design Camp without notice.

_____ (Please initial)

I assume all risks inherent in the planned activities Design Camp. The University of Arkansas will not be responsible for monitoring participant's activities during such free time and is hereby released from any liability. I have notice of all the risks inherent in such activities including, but not limited to, risks involving (i) use of sharp instruments; and (ii) power tools; and (iii) driving/riding in vehicles. I understand that activities may result in serious injuries or death, including but not limited to burns, blindness, cuts, drowning, loss of hearing, head injuries, neck injuries, spine injuries, and broken bones, and can result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to my musculoskeletal system or death.

_____ (Please initial)

I will maintain all medical and health insurance which I deem necessary to cover all risks of any kind in regard to Design Camp activities.

_____ (Please initial)

I will at all times wear and use all safety equipment and follow all safety procedures as directed by the University of Arkansas. I agree that I will not utilize any equipment, materials or facilities unless I fully understand the safe and proper use of such equipment, materials and facilities. _____ (Please initial)

I agree not to take part in any activities that would represent a danger to me due to my health or physical condition, regardless of whether I have disclosed such condition to any officer, agent or employee of the University of Arkansas. I agree that if I do undertake any such activities, I do so solely at my own risk and peril. _____ (Please initial)

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I ACKNOWLEDGE AND AGREE THAT THIS RELEASE AND WAIVER OF LIABILITY SHALL BE BINDING UPON MY SURVIVORS, HEIRS, SUCCESSORS, AND ASSIGNS. I AM AWARE THAT THIS RELEASE AND WAIVER OF LIABILITY IS A RELEASE OF LIABILITY, INCLUDING BUT NOT LIMITED TO, LIABILITY FOR NEGLIGENCE, AND AN INDEMNIFICATION AGREEMENT, AND I SIGN IT OF MY OWN FREE WILL AS A VOLUNTARY CONDITION OF BEING PERMITTED TO TAKE PART IN THE SUMMER DESIGN ACADEMY ACTIVITIES ON AND OFF OF THE UNIVERSITY OF ARKANSAS CAMPUS.

_____ (Please initial)

This Release and Waiver of Liability may be in addition to and does not revoke or modify any other agreement or release which I may execute in connection with the Design Camp.

This Release and Waiver of Liability shall be construed and enforced in accordance with the laws of the State of Arkansas, without regard to its choice of law principles.

Student Name: _____
(Please Print)

Student Signature: _____
Date: _____

Parent/Guardian Name: _____
(Please Print)

Parent/Guardian Signature: _____
Date: _____



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Design Camp
Transportation Permission Form
Summer 2016

During Design Camp, students may take a select number of off-site field trips to visit places of interest within the Fayetteville, Little Rock, Hot Springs or Wilson area.

Please complete the information below granting permission for your child to be transported in University of Arkansas approved vehicles.

As the parent/legal guardian of _____, I give permission for my child to ride in University of Arkansas approved vehicles while attending the Design Camp June 13-17, June 20-24, or June 27-July 1, 2016.

Student's Name

Parent/Guardian (Printed Name)

Date

Parent/Guardian (Signature)



UNIVERSITY OF
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Design Camp
Emergency Medical Treatment Authorization
Summer 2016

Name of Student: _____
Last First Middle

Female Male Date of Birth: _____ SSN (required): _____

Home Phone: _____

Home Address: _____

City State Zip

Name of emergency contact if parent/guardian cannot be reached: _____

Relationship to Student: _____ Phone Number: _____

Please list any allergies or other health issues that the Design Camp staff should be aware of:

Is your daughter/son covered by medical insurance (Illness/Accident)? Yes No

Name of Insurance Company: _____

Policy Number: _____

I hereby authorize the University of Arkansas Fay Jones School of Architecture and Design faculty/staff to consent to any emergency care for my daughter/son resulting from an accident or illness. I agree to pay all medical expenses incurred by handling of the emergency care not covered by University of Arkansas insurance. I understand that my daughter/son will be taken to a hospital in the event that emergency treatment is required and that the Fay Jones School of Architecture and Design faculty/staff will notify me immediately.

Signature of Parent/Guardian

Date

Work/Cell Phone Numbers: _____

Signature of Parent/Guardian

Date

Work/Cell Phone Numbers: _____



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Media Release Form

Design Camp ▪ Summer 2016

The Fay Jones School of Architecture and Design may occasionally use photos and list names of participants for material such as our website, brochures, videos, newsletters, and public announcements. Please indicate your choice on the form below.

Student Name (Please Print)

Date

I hereby grant the University of Arkansas permission to interview me and photograph me and to use and reproduce, forever, at no charge, the audio recordings, still images and video of me in any and all of its media, including print publications, online media and video productions whether currently existing or hereafter created, that are controlled by the University of Arkansas, and for any other use by or on behalf of the University of Arkansas.

All recordings and images related to this session – including, but not limited to, negatives, positives, prints, audio, video, and digital files – are the property of the University of Arkansas, solely and completely.

I expect no compensation of any kind and will make no monetary or other claim against the University of Arkansas for the use of the interview or the audio, still images or video.

For recordings, photographs and video gathered during this session, I understand that I am forever waiving any holds I may have previously set related to the Family Educational Rights and Privacy Act (FERPA).

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

YES, I give Fay Jones School of Architecture and Design my permission to use my son/daughter's name and photographs for public relations purposes.

NO, I do not give Fay Jones School of Architecture and Design my permission to use my son/daughter's name and photographs for public relations purposes; however, I would still like him/her to participate in the program.

Parent Signature

Date

Printed Name