



YOUTH PROGRAM PARTICIPATION AGREEMENT

I am the parent/guardian of _____ (“Participant”), who is under the age of 18. In consideration for UNC Greensboro allowing my minor child to participate in _____ (“Program”), I, for myself and on behalf of the Participant, agree as follows:

Risk Exposure Agreement and Release of Liability

- I am 18 years or older, am the parent or legal guardian of the Participant, and have authority to enter this Agreement.
- I affirm that the Participant is participating in the Program for the Participant’s own personal benefit. I understand that the Participant may participate in recreational and other activities as part of the Program, and I understand and acknowledge that UNC Greensboro makes no promises or warranties about the safety or appropriateness of the Program for the Participant. I understand and acknowledge that the inherent dangers and physical risks involved in certain activities are such that no amount of care, caution, instruction or expertise can eliminate them. These dangers and risks may include, but are not limited to, loss of or damage to personal property, personal injuries, or even death, that could result from tripping, falling, contact with other individuals, and equipment failure, among other causes.
- I accept and assume all risks, known and unknown, associated with participation in the Program and I voluntarily authorize Participant’s participation in reliance upon my own judgment and knowledge of the Participant’s experience and capabilities. I further understand and acknowledge that the presence at or participation in the Program by any agent or employee of UNC Greensboro does not constitute a waiver of any provision in this Release.
- I hereby agree to release, indemnify, defend and hold harmless the State of North Carolina, the Board of Governors of the University of North Carolina, UNC Greensboro, and their Trustees, officers, employees, agents and all successors and assigns of all the above named entities and persons, (hereinafter referred to collectively as “Released Parties”) on behalf of myself, the Participant, our heirs, our assigns, our administrators and our executors from all claims, actions, causes of action, personal injuries (including, but not limited to, death), property damage, demands, rights, damages, costs, sums of money, accounts, covenants, contracts, promises, attorneys’ fees and all liabilities or obligations of any kind or nature whatsoever at law, in equity, or otherwise, (collectively referred to as “Claims”) arising out of or in connection with the Program or the breach by me or anyone acting on my behalf of any provision contained in this Agreement, and regardless of whether or not said Claims arise, in whole or in part, as a result of the negligence of any of the Released Parties.

- I acknowledge that this Agreement shall not be construed (a) as a waiver of sovereign immunity, in whole or in part, by any of the Released Parties; and (b) to provide the Released Parties with less liability protection than that afforded by the North Carolina Tort Claims Act.

Medical Authorization

- I represent that the Participant is in proper physical and other condition to participate in the Program. I understand that it is my sole responsibility to determine whether the Participant is sufficiently fit and healthy enough to participate in the Program, and is capable of doing so without causing harm to the Participant or others. If necessary, I will consult with the Participant's physician for appropriate guidance.
- I authorize UNC Greensboro to obtain emergency hospitalization, surgical or other medical care for the Participant in the event of injury in connection with the Program. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as deemed necessary for the Participant. I further understand that any such treatment is my responsibility and will be paid by me and/or covered by my insurance. A photocopy of this permission is to be considered valid as the original.

Safety Agreement

- I understand that Participant and I are required to be familiar with and abide by the Program's rules and regulations, including any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Participant while participating in the Program. I also understand that the Participant may be immediately excluded from the Program for violations of UNC Greensboro policies, directives, or procedures.

Travel Authorization

- I acknowledge that some Program activities will require the Participant to leave the UNC Greensboro campus. I understand that to fully participate in the Program, the Participant will need to travel with agents of UNC Greensboro in state owned vehicles off of the UNC Greensboro campus. I authorize UNC Greensboro or its agents to transport the Participant during the Program to locations other than the UNC Greensboro campus for Program activities.

Photography / Video Consent Release

- I agree to allow UNC Greensboro or its agents to photograph or record the Participant during the Program. I further agree that the Participant's image or likeness in photographs, videos, or audio may be used for educational or promotional, advertising, or other purposes without limitation consistent with the mission of the University. I agree that all intellectual property rights to the sound, still, or moving images belong to UNC Greensboro. I voluntarily waive the right to inspect or approve such images and waive my right to any royalties,

proceeds or other benefits derived from such photographs or recordings. I expressly release UNC Greensboro, its agents, employees, licensees and assigns from any and all claims which I or the Participant may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings. **[If you do NOT agree to allow UNC Greensboro or its agents to photograph or record the Participant during the Program, please cross out this paragraph.]**

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I understand and acknowledge that by signing below I and/or the Participant may be giving up legal rights and/or remedies to which I and/or the Participant may otherwise be entitled. I understand and agree that this Agreement will be construed and governed by North Carolina law and any dispute hereunder shall be resolved in a court of competent jurisdiction in Guilford County, North Carolina.

Participant's Name: _____ DOB: _____

Program Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Phone: _____