



University of Denver
Parental Permission Form/Acknowledgement and Assumption of Risk and Release
Name or Likeness Release

THIS DOCUMENT MUST BE SIGNED BY THE PARENT OR LEGAL GUARDIAN OF PERSONS UNDER THE AGE OF 18 PARTICIPATING IN A PROGRAM HELD BY THE UNIVERSITY OF DENVER (“UNIVERSITY OF DENVER” or “DU”). IF THE PERSON PARTICIPATING IN THE PROGRAM IS 18 YEARS OF AGE OR OLDER, THEN THE PERSON PARTICIPATING MUST SIGN THIS DOCUMENT.

The individual named below as “Participant” hereby acknowledges that he or she is of 18 years of age or older and agrees, or his parent or legal guardian if the Participant is under the age of 18 authorizes Participant, to participate in the _____ *[insert name of Program here]* at the University of Denver (the “Program”), and further acknowledges his or her full understanding and appreciation that there are risks of property damage and bodily harm or injury (including without limitation, death) associated with participation in the Program including, but not limited to, bug bites; electric shocks; eye, corneal, or retinal injury; and cuts or lacerations. Risks also include injuries or damage sustained while in transit to, from or during the Program by public or private transportation. These risks may be caused by the action, inaction or negligence of the Participant or the action, inaction or negligence of other Program participants or third parties. The person(s) signing further acknowledges that activities held other than on the campus of DU are not subject to the same degree of supervision and control by DU as activities occurring on DU’s campus and that, absent the signing of this document by Program participants or their parent or legal guardians, DU likely would not sponsor or offer Program activities taking place off campus. Each individual or his/her guardian assumes the risks of these or similar hazards and should be covered by individual medical insurance purchased by the participant or his/her guardian.

The person signing this document understands that it is his or her responsibility to consult a physician and to take into account Participant’s personal health and physical condition prior to Participant’s participation in the Program. Any parent or legal guardian signing further represents that he or she has thoroughly explained to the minor Participant the risks associated with participating in the Program using language appropriate to the age and intellectual capacity of the Participant.

By signing this form and in consideration for being allowed to participate in the Program, the Participant on behalf of himself/herself, or his or her parent or legal guardian on behalf of himself/herself and the Participant, his/her heirs, assigns, legal and personal representative(s), agrees to assume all risks and responsibilities surrounding Participant’s participation in the Program and further to hold harmless, release, and indemnify the University of Denver, and all departments and divisions thereof from any claims, demands, actions, causes of actions, lawsuits, expenses, or losses (including court costs and all reasonable attorney fees) he or she may have on account of bodily injury (including permanent disability or death) or property damage arising out of or attributable to Participant’s travel or participation in the Program, unless such bodily injury (including permanent disability or death) or property damage is caused by the negligence of the University of Denver, its trustees, employees or agents, or otherwise.

Participant, and Participant’s parent or legal guardian, grants to the University of Denver and press and media admitted to the Program by DU the right to photograph, videotape or otherwise collect Participant’s name, likeness, voice and sounds (as “Works”) during participation in the Program. Participant, or Participant’s parent or legal guardian, further irrevocably grants to DU all rights in these Works and the right to use or sublicense these Works and Participant’s name, likeness and biography, in DU’s discretion, in all media and in all forms or purposes, including without limitation, advertising and other promotions for the Office of Special Programs and the University of Denver, without any further consideration to Participant or Participant’s heirs, assigns, legal and personal representative(s).

Executed this ___ day of _____, 2023.

**PRINTED NAME OF PROGRAM PARTICIPANT’S
PARENT OR LEGAL GUARDIAN**

**SIGNATURE OF PROGRAM PARTICIPANT’S
PARENT OR LEGAL GUARDIAN**

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE: PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

The undersigned parent(s) or legal guardian(s) of the above named participant hereby consents and grants permission to the University of Denver, in case of injury or illness, to administer first aid or to have a health professional provide medical assistance and/or treatment for the above-named participant. I understand that in case of an emergency, 911 will be called. I authorize Emergency Medical Services (EMS) to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, if determined necessary. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services to the above-named participant.

Executed this ____ day of _____, 2023.

**PRINTED NAME OF PARTICIPANT'S
PARENT OF LEGAL GUARDIAN**

**SIGNATURE OF PARTICIPANT'S
PARENT OR LEGAL GUARDIAN**