

**Merit Badge University – Parental Permission Agreement
Alpha Phi Omega XI Chapter at IOWA STATE UNIVERSITY**

PLEASE NOTE: *This Parental Permission Agreement must be read and signed by the parent or guardian of each participant under 18 years of age.*

PROGRAM DESCRIPTION

The **Alpha Phi Omega XI Chapter** student organization at Iowa State University is hosting **Merit Badge University** on **Saturday, November 12, 2011** for area Boy Scouts to attend educational workshops on the Iowa State University campus. Activities include presentations and demonstrations by ISU students and faculty and other related activities. Food will be provided.

PARTICIPANT INFORMATION

Participant's Name _____

Permanent Address _____

Date of Birth _____

City, State, Zip _____

Home Phone _____

TRANSPORTATION

As parent/guardian, I give my permission for and/or acknowledge that:

I will be responsible for **drop-off** and **pick-up** of my child from this event on the ISU campus.

My child will drive himself/herself **to** and **from** this event on the ISU campus.

(NAME OF DRIVER): _____ will drop-off my child for this event.

(NAME OF DRIVER): _____ will pick-up my child after this event.

My child will travel by school-sponsored transportation to and from the ISU campus provided by (NAME OF SCHOOL DISTRICT):

_____ .

Parent/Guardian Initials: _____ **Date:** _____

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT – TO BE READ AND SIGNED BY PARTICIPANT

It is important to follow the directions of the program leader(s) at all times. I understand that, as a participant, I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature

Date

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First:

Name _____

Backup Contact (Relative or Friend):

Name _____

Relation to Participant _____

Relation to Participant _____

Daytime Phone () _____

Daytime Phone () _____

Evening Phone () _____

Evening Phone () _____

INSURANCE INFORMATION

Iowa State University does not provide health insurance for participants in this event/activity.

- Yes The above-named participant is covered by health insurance. If yes, please provide the following information for use in the event that treatment is necessary.
- No **If no**, initial this line stating that you do not have health insurance and are aware that Iowa State University does not carry any health insurance for you. _____

Policy Holder's Name _____ Relation to Participant _____
Policy Holder's Phone # _____
Insurance Company Name _____
(IF KNOWN) Insurance Company Customer Service Phone # _____

MEDICAL EMERGENCY PARENTAL PERMISSION

I understand that my child must be healthy and reasonably fit in order to safely participate in **Merit Badge University** activities. My child or I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

If an injury or other medical condition occurs or arises, I hereby give permission to the **Alpha Phi Omega XI Chapter/ISU** representative to provide routine first aid and seek emergency treatment including X-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for full payment to the attending physicians or health care unit. In the event of an emergency where the Emergency Contact listed above cannot be reached, I give permission to the physician/hospital selected by **Alpha Phi Omega XI Chapter /ISU** representatives to secure and administer treatment for my child, including hospitalization.

Parent/Guardian Initials: _____ **Date:** _____

ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)

I give permission for _____ to participate in the **Merit Badge University** activities on **Saturday, November 12, 2011** at **Iowa State University**. I understand that the **Merit Badge University** activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and the **Alpha Phi Omega XI Chapter** will provide each participant with reasonable care, but that ISU/ **Alpha Phi Omega XI Chapter** cannot guarantee that my child will remain free of injury. I nonetheless wish to have my child participate in the activities and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the **Alpha Phi Omega XI Chapter**; Iowa State University; State of Iowa; Board of Regents - State of Iowa; and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the **Alpha Phi Omega XI Chapter Merit Badge University** activities. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Printed Name of Parent or Guardian

Parent or Guardian Signature

Date