

College Park Scholars
INFORMED CONSENT AND RELEASE
UNIVERSITY OF MARYLAND, COLLEGE PARK

College Park Scholars is a two-year living-learning program. Its curricular and co-curricular experiences extend beyond the classroom, to include activities such as Service Day, field trips, hiking and outdoor experiences, travel-study, research and internship experiences. Many of these activities involve transportation to and from the University.

I, _____, desire to participate in such activities offered by the Scholars program. In consideration for participation, I voluntarily agree to release, forever discharge, indemnify and hold harmless the State of Maryland, the University, its officers, agents, employees and other volunteers (hereinafter referred to collectively as the "University") from any and all costs, liabilities, expenses, claims, demands, causes of action on account of any loss or personal injury to me that might result from my participation in these experiences from this date until two years from now, whether arising through the negligence, omission, default or other action of the University or any other person or entity. I fully recognize and understand that there are risks and hazards, minor and serious, associated with participation in these Scholars activities, which may include, but are not limited to:

- Travel in a vehicle driven by someone other than myself;
- Injuries such as sprains or broken bones;
- Allergic reactions;
- Exposure to wildlife, dangerous terrain, natural water sources or chemicals;
- Problems resulting from improper use of equipment;
- Forces of nature, including rain, water levels, and cold;
- Hypothermia, heat-related injuries;
- Lack of nearby medical assistance.

In spite of such risks, I wish to participate in these activities.

I understand that College Park Scholars provides no medical insurance for participants and therefore I am responsible for my own. I will notify the Program Director in writing if I have medical conditions (e.g., allergies, asthma, epilepsy, bee-sting reactions) that may limit the types of activities I can participate in and about which emergency medical personnel should be informed. I will also inform the event leader of any limitation that I feel may impact my ability to fully participate. I am expected to bring any medications, either prescribed or over-the-counter, that I use regularly or may need to treat these conditions.

As with any activity, there are certain inherent and unforeseen risks and losses that cannot be prevented. I understand that it is my responsibility to inform the activity leader of any accident or incident that occurs during a College Park Scholars activity. Should I require emergency medical treatment as a result of illness, injury or accident arising during a Scholars' activity, I consent to such treatment. Faculty/staff, activity leaders, and members may have had personal first aid training, but in no way are expected to provide professional medical care in the event of an emergency.

I understand that photographs are not considered 'directory information' by the University as defined by the [Federal Family Educational Rights & Privacy Act](#) (FERPA). Consequently, my likeness cannot be used without my granting permission. By signing this Consent & Release, I am granting the University permission to use and release my likeness in either photographic or videographic format for University use. Finally, I understand that I am free to withdraw my consent in writing for future use at any time without penalty. The University will not be required to notify me prior to using or releasing my likeness.

I have read and signed this document with full knowledge of its significance. I further state that I am either 18 years of age or older and competent to sign this Consent and Release, or that I have discussed this with my parents/legal guardian, who by their signature below agree with my decision to participate in College Park Scholars curricular and co-curricular experiences, and to all of the terms and conditions stated above.

(over)

Your name (please print)

Your signature

Signature of Parent/Guardian (if you are under 18)

Date

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Allergies and medical conditions (please specify).

Regular over-the-counter **and** prescribed medications (please print; include dosage if appropriate)

I understand I am expected to carry any medications, either prescribed or over-the-counter, that I use regularly or may need to treat these conditions. _____ (initial)

Name/ Relationship of Person to Contact in Emergency (please print)

Contact's daytime phone _____

Contact's evening phone _____

Contact's cell phone _____

Office Use Only

Began Enrollment (MM/DD/YYYY)	Date Signed	Minor at Time of Signature (Y/N)	Emergency Contact Info On File (Y/N)

Service Day Information

Name.....

Will you be in the University Marching Band?

- Yes
- No

Do you plan to be a commuter student in the fall semester?

- Yes
- No

What is your lunch preference for Service Day?

- Turkey Sandwich
- Cheese Sandwich
- Vegan Option
- Kosher Option

Please send this form by mail to College Park Scholars, 1125 Cumberland Hall, University of Maryland, College Park, MD 20742 or fax to 301.314.9843.