

AVIATOR EXPLORATION — CAMP —

ASUN RELEASE FORM

PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As the parent or legal guardian of the minor student identified above, I hereby authorize Arkansas State University-Newport to seek emergency medical treatment for said student should such medical care be deemed necessary by camp personnel. In the event I cannot be contacted to give my consent, I hereby give my consent to:

- 1) Transfer the minor student to any hospital reasonably accessible; and
- 2) The administration of any treatment deemed appropriate by a licensed physician.

PHOTOGRAPHY RELEASE

I hereby permit ASUN Aviator Exploration Camp to use, in whole or in part, photographs, videos, and written extraction of the above named student for the purpose of illustrations and publications, including www.asun.edu website, the ASU-Newport's social media pages, and possibly the newspaper or other news related outlets.

DISCIPLINE POLICY

Parents' knowledge and understanding of the camp rules and policies help minimize most problems. We ask that you take the time to go over the camp rules listed below with your student. We appreciate your support.

Behavior Rules:

I will be polite and respectful to adults; I will use kind words and keep my hands to myself; I will behave appropriately in the halls, classrooms, bathroom & playground; I will follow directions; I will take care of property

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RELEASE OF LIABILITY

RELEASE OF ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE
PARENT OR LEGAL GUARDIAN CONSENT FOR PARTICIPATION IN AVIATOR
EXPLORATION CAMP AT ARKANSAS STATE UNIVERSITY-NEWPORT

As the parent or legal guardian, I give my consent and approval for (the "participant") to participate in Aviator Exploration Camp at Arkansas State University-Newport.

I recognize and acknowledge that certain risks of personal physical injury, property damage, or other losses, up to and including death, exist with respect to participation in these activities and further agree to:

Assume all risks of any such personal injuries, property damages, or other losses that participant may sustain as a result of participation in these activities, including all losses incurred while entering, exiting, or being present on the property of Arkansas State University-Newport.

Fully release and discharge Arkansas State University-Newport, the ASU System, its Board of Trustees, its officers, agents and employees (hereinafter collectively referred to as the "College") from any and all claims from personal injuries, property damages or other loss that I may suffer on account of participation in said activities including losses incurred while entering, exiting, or being present on the property of Arkansas State University-Newport.

Indemnify and hold harmless the College, from all claims, suits, actions, injuries, damages, and losses sustained and arising out of, connected, with, or in any way associated with my participation in said activities including losses incurred while entering, exiting, or being present on the property of Arkansas State University-Newport.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE FULLY READ AND UNDERSTAND THE FOREGOING.

STUDENT NAME (PLEASE PRINT)

PARENT NAME (PLEASE PRINT)

PARENT SIGNATURE

DATE