

Appalachian State University
Medical/Indemnity/Code of Conduct Agreement
2022 Youth Programs, Camps, and Conferences

In order to attend this youth program, this form must be **signed by a parent/guardian** and **signed by the participant**. Your child will not be allowed to participate in a youth program at Appalachian State University without this form being completed, signed and turned in at the youth program check-in. **The code of conduct is on the second page of this form.**

Youth Program/Camp Attending: _____ **Date(s):** _____

Participant Name: _____ **Date of Birth** _____

Address of parent or guardian: _____
Address City State Zip

School Name (If applicable) _____

EMERGENCY INFORMATION

Person to notify in case of emergency: _____
Name Relationship

Emergency Phone: Day () _____ Night () _____ Cell () _____

Medical Information: Date of last Tetanus Immunization _____ Any allergies to medicine? Yes ___ No ___

If so, list _____

Please list any current medications _____

Any current or past health conditions physicians/trainers should be aware of _____

I hereby authorize any actions, which may be advised/ recommended by a trainer, physician or other health care provider attending my child during the youth program/camp. I acknowledge and understand that my child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with this youth program/camp. I agree to indemnify and hold harmless Appalachian, its officers, employees and agents from and against any claims for personal illness or injury that my child may sustain during youth program/camp, regardless of cause, including negligence on the part of any person identified above. I also give Appalachian permission to utilize any photograph of my child for promotional use. I also understand that my child must abide by the youth program/camp/university rules and regulations and the code of conduct developed for this youth program/camp. I have read the code of conduct on back of this form, and I further understand that my child's failure to adhere to the rules, regulations, and code of conduct may result in immediate dismissal from youth program/camp, with no refund, and I will be responsible for providing transportation home once I have been notified.

Parent or Guardian (circle relationship):

Print Name Signature Date

YOUTH PARTICIPANT MUST SIGN BELOW IN ORDER TO PARTICIPATE IN THIS YOUTH PROGRAM/CAMP

I understand that as a participant of this youth program/camp I must abide by the youth program/camp/university rules and regulations and the code of conduct developed for this youth program/camp. I also understand that if I fail to adhere to the rules, regulations, and code of conduct it may result in my immediate dismissal from youth program/camp, with no refund, and my parents/guardians will be responsible for providing transportation home once I have notified them of my dismissal from the youth program/camp.

Participant _____
Signature Date

(Optional) Watauga Medical Center recommends (does not require) that this form be notarized to expedite medical treatment of your son or daughter by health care providers

State of _____ County of _____, I, _____, a Notary Public of said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal this the _____ day of _____, 20____.

Notary Public _____ My commission expires: _____ **(Optional) NOTARIAL SEAL:**

Do Not Mail

IN ORDER TO PARTICIPATE IN CAMP YOU MUST BRING THIS TO PROGRAM CHECK-IN

Appalachian State University

2022 Youth Programs and Summer Camps Code of Conduct

I agree to conduct myself in a manner that will be a credit to me, my community, my school, my team, and family.

I _____ will:

Participant Name (Printed First and Last)

- 1) Understand and obey all rules and regulations issued by the youth program/camp director and the university.
- 2) Demonstrate cooperation and respect to youth program/camp/conference staff and participants and university employees, students and visitors.
- 3) Show respect for the rights, privacy, and property of others. This includes refraining from harassment – unwelcome or unsolicited speech or conduct – of all persons on campus regardless of their race, religion, color, creed, sex, national origin, sexual orientation, or disability.
- 4) Recognize that hazing of any kind is strictly prohibited.
- 5) Not possess or use any alcohol, tobacco, or drugs during the youth program/camp (unless prescribed by a physician).
- 6) Comply with the schedule of all youth program/camp/conference functions, including events, meals, quiet hours, and curfews.
- 7) Take responsibility for my personal property, room key (paying for if lost), meal/access card, agree to secure my room at all times, and will pay for any damages to property while attending the youth program/camp.
- 8) Understand that all facilities and residence halls not used by my youth program/camp/conference are strictly off limits, and that I am not allowed to leave campus without permission and supervision.
- 9) Take responsibility for my safety by traveling in pairs and/or groups both on and off campus.
- 10) Support my team members and take responsibility for my teams actions.
- 11) I understand that if I do not follow the rules, regulations, and code of conduct for this youth program/camp, I may be dismissed from the youth program/camp with no refund.

The name of the **SCHOOL** or **TEAM** I represent is: _____

By signing below I agree to follow the Code of Conduct developed for this youth program/camp held at Appalachian State University.

Participant Signature

Date

Release for Use of Photography/Video/Sound

Date: _____

Program Title: _____

Department: _____

I hereby grant permission to Appalachian State University, Boone, N.C. (hereinafter "Appalachian State University" or the "University"), to use my name, picture, photograph, video and/or sound byte in a promotional video for Appalachian State University or in other University publications without consideration, and I acknowledge the University's right to crop or treat the photograph/video/sound byte at its discretion.

I also acknowledge that the University may choose not to use my photo/ video/ sound byte at this time, but may do so at its own discretion at a later date. I warrant and represent that I have the legal right to permit myself to be recorded, photographed, and/or filmed, and to authorize the University's use of my name, picture, photograph, video and/or sound byte in a promotional video for the University's legitimate educational or commercial purposes, either on or off campus.

I further warrant and represent that I have the legal right to permit the use and publication of biographical or other documentary information I may provide to the University for use and publication related to the promotional video and to the University.

I hereby waive any right to inspect or approve the finished photograph/ video/ sound byte or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied, however may request a copy of the final product(s).

I hereby release, discharge and agree to save harmless the State of North Carolina, the University of North Carolina, Appalachian State University, and their respective representatives, assigns, employees or any person or persons, corporation or corporations, acting under either of their permission or authority, or any person(s) or corporation(s) for whom either of them might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any alleged violations of intellectual property rights, distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product or related promotional material, its publication or distribution of the same.

I hereby agree that I am eighteen (18) years of age or older. I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release.

Name (Please Print)

Company

Signature

Date

Street Address

City,
State/Province/Country Zip

If under the age of eighteen, parent/guardian must sign below:

I hereby certify I am the parent/guardian of _____ ,
and hereby consent that any photographs/videos/sound bytes which have been or are
about to be taken may be used by the parties for the purposes set forth in the release
hereinabove, signed by the minor, with the same force and effect as if executed by me.

Parent/Guardian Name (Please Print)

Address

Signature

Date