Release and Hold Harmless Agreement
As part of the consideration for my child’s participation in the Heels for Success Program (“Program”), I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill (“University”), its employees and agents, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or my child or to any property belonging to me or my child while my child is participating in the Program, except for damages caused by the negligence of the University, its agents and employees.

I understand that, as part of the Program, my child may participate in activities and events including but not limited to preparatory courses and workshops and recreational activities such as organized sports, a water balloon fight, and a scavenger hunt. I am fully aware of the risks and hazards associated with this Program and these events, and I acknowledge that my child’s participation in these activities is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me or my child as a result of my child’s participation in this Program, except for damages caused by the negligence of the University, its agents and employees.

Consent for Medical Treatment
In the event of illness or injury, I hereby authorize University employees or Program counselors with current Red Cross first aid certification to administer first aid to my child, and I hereby authorize Program counselors or employees or agents of the University to obtain emergency medical treatment for my child as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University and the Program to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I understand that the Program and the University will make best efforts to notify me immediately should emergency treatment for my child become necessary. I also grant permission for emergency CPR to be administered to my child by a certified person should it become necessary.

Photograph Consent
I acknowledge and understand that the Program may photograph or videotape my child’s participation in the Program and use those photographs and images in brochures, publications,
Internet websites, audiovisual presentations, promotional literature, advertising or for any other similar purpose without compensation to me or my child and may identify my child by name in information that might accompany the photograph or image. I agree that such photographs and images, and their reproductions, remain the property of the Program; I waive the right to approve the final product; and I release, and forever discharge the University, its agents and employees, from any and all claims and demands arising out of or in connection with the use of said photographs and images, including but not limed to, any claims for invasion of privacy, appropriation of likeness, or defamation.

HEALTH INFORMATION
Please list here, any physical, psychological or medical conditions that you believe the Heels for Success Program staff should know about your child that could limit or in any way affect their ability to safely engage in any of the activities. These could include but are not limited to heart conditions, back or neck injuries, allergic reactions, knee, bone, or joint injuries, epilepsy, seizures or asthma, recent surgeries, pregnancy, current medications or anything else which could affect balance, dexterity or coordination:

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my child, our heirs, assigns, and personal representatives. I acknowledge that I am the parent or guardian of __________________________________ and that I am 18 years old or more.

Name of Child

A copy of this release shall have the same force and effect as the original.

___________________________________________
Name of Parent

___________________________________________  _____________________
Signature of Parent or Guardian     Date