



Resilience Youth Climbing Event
Location: OSU Colvin Center – Climbing Wall

Minor/Participant Name: _____ Age: _____

MEDICAL RELEASE

As a parent or guardian I understand that the information requested on this form is intended to help inform program staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. This information will be kept in strict confidence and will only be shared with your permission. Resilient Payne County requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. **Final determination about whether to participate is the responsibility of the parent or guardian. Resilient Payne County shall not be held responsible/liable for any accident, injury or damage.**

PHOTO & VIDEO RELEASE

In consideration for my child's participation in the above captioned event, I, the undersigned parent/guardian of the minor child indicated above, hereby grant to Resilient Payne County the right to reproduce, use, exhibit, display, broadcast, distribute, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of my child by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, videos, electronic media, web sites, and/or other media, or advertising for promoting, publicizing or explaining Resilient Payne County activities or events.

Participant Medical Conditions:

Emergency Contact Name: _____ Phone #: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____