**Informed Consent for Minors: iUTAH/SLCC WaterGirls Program**

This is an informed consent for minors, which identifies risks of participating in a Salt Lake Community College activity or program, and a consent form for parents/guardians.

**Parent or Guardian, read and sign this section:** The undersigned, the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor participant (hereinafter “Participant”), in consideration of participant’s being allowed to participate in iUtah/SLCC WaterGirls Field Experience Program in May or June, 2017, acknowledges that participation may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There are also various risks and dangers involved in the activity that may cause physical or mental injury. I state that participant is free from any known heart, respiratory or other health problems that could prevent participant from safely participating in any of the activities. I understand the nature of the course or program and the potential dangers incident thereto and consent to the participation of my child.

In particular, I recognize that participants will be transported to field sites in Big Cottonwood Canyon and Little Cottonwood Canyon in Salt Lake Community College HOV vans, will walk through rough and uneven terrain to access field sites on Big Cottonwood Creek and Little Cottonwood Creek, will use scientific equipment to test the water quality in Big Cottonwood Creek and Little Cottonwood Creek, will be provided with a light snack and water, and will interact with Salt Lake Community College employees and volunteers. I hereby give permission for my child to participate.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her participation in the event or activity. I release Salt Lake Community College from all liability, costs and damages which might arise from participation in the above named event or activity.

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Parent or Legal Guardian Signature)**

**Participant read and sign this section:** Injury may result from the iUtah/SLCC WaterGirls Field Experience. You are expected to familiarize yourself with the activity or program you intend to participate in and what is required, rules of conduct and safety equipment. You are expected to follow proper operating procedures including safety procedures as outlined by the activity/program leader, plus any directions given by Salt Lake Community College personnel.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have familiarized myself with the activity or program and what is required, will follow the rules of conduct, will at all times use the provided safety equipment, and will follow any directions given by Salt Lake Community College personnel.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Participant Signature)**

**This form is for those under age 18. A fully signed form must be turned in to Salt Lake Community College in exchange for an opportunity to participate as outlined above. No Exceptions!**

**Emergency Contact**

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there is any information about the participant that we should be aware of (e.g. medical conditions, allergies), please list here:

**iUTAH EPSCoR Photo Release Form**

I hereby grant iUTAH EPSCoR permission to use my likeness captured in any photographs related to my participation in iUTAH EPSCoR projects, research or other iUTAH EPSCoR activities.

I understand and agree that these materials, taken in association with various student projects, will not be returned to me in any manner whatsoever.

I waive any right to royalties or other compensation arising or related to the use of the photographic images.

I hereby hold harmless and release and forever discharge iUTAH EPSCoR from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**If the participant is 18 years of age or older:**

I am 18 years of age (for minors, please see below) and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Participant’s Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Participant’s Printed Name)

**If the participant is under age 18, there must be consent by a parent or guardian, as follows:**

I hereby certify that I am the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian’s Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian’s Printed Name)