ASSUMPTION OF RISK AND RELEASE OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT AGREEMENT
Ojibwe Summer Camp Agreement
MINNESOTA STATE COLLEGES AND UNIVERSITIES
Bemidji State University
To be completed by parent or guardian prior to travel

I, as parent/guardian with legal responsibility for this minor child, wish to authorize ________________________________________, to participate in the Ojibwe Summer Camp offered by Bemidji State University in July 2015. I understand that this is a voluntary activity and my child is not required to participate in this trip to continue to attend the Camp. I understand that there are risks and dangers to my child’s health and personal safety posed by transportation to and from and my child’s participation in this trip. My signature below signifies that I knowingly and voluntarily assume the risk of any injuries, regardless of severity, and including death, and all risk of damage to or loss of property that my child may incur due to my child’s participation in this trip.

Permission. Your child will be taking part in a variety of activities while at BSU. By signing this form you as the parent are acknowledging, as well as giving permission for your child to take part in the following activities: traditional foods/cooking class, art history tour, drum ceremonies, canoeing, campfires, fishing, scavenger hunts, biking and riding in university vehicles.

Model Release Agreement for Use of Picture, Video and Audio Images. I give Bemidji State University the irrevocable right to use my child’s image(s) or voice in all forms and media and in all manners including composite or distorted representation. I waive all royalty fees for their use and manner of distribution. I also waive any right to inspect or approve the final version(s) including written copy that may be created in connection therewith. I have read this release and am fully familiar and approve its contents.

Release of Liability and Indemnification. In consideration for my child’s opportunity to participate in this field trip, I, on behalf of myself, my child, my heirs, next of kin, successors, assigns and personal representatives, hereby release, indemnify, and hold harmless the State of Minnesota, the Board of Trustees of the Minnesota State Colleges and Universities system, Metropolitan State University and its staff, employees, agents and representatives (“Releasees”) from any and all liability whatsoever for damages, losses, or injuries (including death) that my child may sustain to his or her person or property, arising out of, resulting from, or occurring during his or her participation in the trip or any travel incident thereto, except where such damage, loss or injury is the result of the intentional or reckless conduct of the Releasees.

Governing Law and Jurisdiction. The laws of the state of Minnesota shall govern the validity, construction and enforceability of this Agreement, without giving effect to its conflict of laws principles. All suits, actions, claims and causes of action relating to the construction, validity, performance and enforcement of this Agreement shall be in the courts of the State of Minnesota. I agree that if any portion of this Agreement is held invalid, the balance shall, notwithstanding,
continue in full legal force and effect. I agree that this Agreement is to be construed broadly to provide a release, indemnification and waiver to the maximum extent permissible under applicable law.

This instrument is prepared in English language has a binding effect. In the event that a translation of this Document is prepared and signed by the parties or Participants, parents or legal guardians of Participants, this English language version shall be the official version and shall govern if there is a conflict between this English language version and the translation. All disputes (litigation and mediation) under this Document shall be resolved and conducted, regardless of the means of authority, in the English language.

**Consent for Medical Treatment.** I certify that to my knowledge my child is medically able to safely participate in this trip. I hereby consent that my child may receive medical treatment that may be deemed advisable in the event of injury, accident or illness during this activity or event.

By my signature, I signify that I have read and understand this Agreement and agree to its terms, that by that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

I acknowledge that I have reviewed the participant code of conduct (conduct document was enclosed within this information packet) as an adult with my child who is attending the Ojibwe Summer Camp.

____________________________  __________________________
Signature of Parent/guardian     Date

____________________________
Print Name

____________________________
Email address, phone number or other emergency contact information

**EMERGENCY CONTACT INFORMATION**

Please provide emergency contact information that will be used by Camp officials to notify your designee(s) in case of an emergency.

Name of Contact: __________________________

Relationship: __________________________

Contact information:
  Phone Number(s): __________________________
  __________________________