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STATE OF NORTH CAROLINA

COUNTY OF ORANGE

Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Participation Agreement Overnight Trip to LOCATION**

**COURSE NUMBER**

In consideration for my enrollment in NAME OF COURSE at The University of North Carolina at Chapel Hill (“University”), I hereby agree that I will certify, abide by and adhere to the following conditions of participation:

1. I am fully aware of the risks associated with this activity including but not limited to risks associated with being a passenger in a faculty member’s, other student’s or my own vehicle.

1. I understand when I am away from the University group I am responsible for my own safety and my own decision-making. The University is not responsible for any additional activities I am may choose to engage in on my own time, such as swimming in any pools.

1. I understand that it is my responsibility to keep safe my personal effects while participating in off-site travel and that the University is not responsible if they are lost or stolen.

1. I understand that it is my responsibility to make provision for any needs I may have (e.g.

prescriptions, special diets) while participating in off-site travel as the University cannot guarantee the availability of medical supplies or particular food.

1. I understand that my performance as it relates to my on-site work will be evaluated by my instructor and that I may be dismissed if my performance is not satisfactory or otherwise not in compliance with this agreement.

1. I will conduct myself in accordance with the current policies of the University and all instructions from my on-site instructor.

1. In the event of illness or injury, I hereby authorize the University to obtain emergency or other medical treatment 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 to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a licensed physician is deemed advisable.

1. I acknowledge and understand that the University may photograph or videotape my participation and may 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 and may identify me by name in

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information that might accompany the photograph or image. I agree that such photographs and images, and their reproductions, remain the property of the University; I waive the right to approve the final product; and I release, and forever discharge the University, its trustees, 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.

1. I will not hold the University responsible for my acts or omission of acts while participating in this program.

1. I acknowledge and agree that this agreement shall be construed in accordance with the laws of the State of North Carolina, which shall be the forum for any lawsuits filed thereunder. The terms and provisions of this agreement shall be severable such that if a court of competent jurisdiction holds any term to be illegal, unenforceable or in conflict with any law governing this agreement, the validity of the remaining portion shall not be affected thereby.

I acknowledge that I am at least eighteen (18) years of age and fully competent to sign this agreement. 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 heirs, assigns, and personal representatives. A copy of this release shall have the same force and effect as the original.

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

Signature Date

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STATE OF NORTH CAROLINA

COUNTY OF ORANGE

Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Participation Agreement Day Trip to XXXX**

**COURSE NUMBER AND TITLE**

In consideration for my enrollment in COURSE at The University of North Carolina at Chapel Hill (“University”), I hereby agree that I will certify, abide by and adhere to the following conditions of participation:

1. I am fully aware of the risks associated with this activity including but not limited to risks associated with driving or being a passenger in another student’s vehicle.

1. I understand and am fully aware of the potential risks involved with working with animals, which could include injuries such as a laceration or a bite.

1. I understand that it is my responsibility to keep safe my personal effects while participating in off-site travel and that the University is not responsible if they are lost or stolen.

1. I understand that it is my responsibility to make provision for any needs I may have (e.g.

prescriptions, special diets) while participating in off-site travel as the University cannot guarantee the availability of medical supplies or particular food.

1. I will conduct myself in accordance with the current policies of the University and all instructions from my on-site instructor. I will also abide by the Paws4Ever facility rules at all times.

1. In the event of illness or injury, I hereby authorize the University to obtain emergency or other medical treatment 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 to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a licensed physician is deemed advisable.

1. I acknowledge and understand that the University may photograph or videotape my participation and may 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 and may identify me 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 University; I  
     
     
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   waive the right to approve the final product; and I release, and forever discharge the University, its trustees, 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.
2. I will not hold the University responsible for my acts or omission of acts while participating in this program.

1. I acknowledge and agree that this agreement shall be construed in accordance with the laws of the State of North Carolina, which shall be the forum for any lawsuits filed thereunder. The terms and provisions of this agreement shall be severable such that if a court of competent jurisdiction holds any term to be illegal, unenforceable or in conflict with any law governing this agreement, the validity of the remaining portion shall not be affected thereby.

I acknowledge that I am at least eighteen (18) years of age and fully competent to sign this agreement. 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 heirs, assigns, and personal representatives. A copy of this release shall have the same force and effect as the original.

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

Signature Date

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**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL**

RELEASE AND HOLD HARMLESS AGREEMENT,

CONSENT FOR MEDICAL TREATMENT AND PHOTOGRAPH RELEASE

Day trip to LOCATION

# Release and Hold Harmless Agreement

As part of the consideration for my participating in this trip to LOCATION in TOWN, STATE, (the “Activity”), I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill (the “University”), its trustees, 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 to any property belonging to me while I am participating in this Activity.

I am fully aware of the risks associated with this Activity, including the hazards of driving on the highway and I acknowledge that my participation in this Activity 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 as a result of participation in this Activity. I understand when I am away from the University group I am responsible for my own safety and my own decision-making. The University is not responsible for any additional activities I may choose to engage in on my own time, such as interacting with animals.

# Consent for Medical Treatment

In the event of illness or injury, I hereby authorize employees or agents of the University to obtain emergency medical treatment for me 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 to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I also grant permission for emergency CPR to be administered to me by a certified person should it become necessary. I understand that I am responsible for bringing, even for a short trip, any medical supplies that I may need, including medication and special foods.

# Photograph Consent

I hereby grant the University the irrevocable right and permission to photograph or videotape my participation in this Activity and to use the photograph(s) and/or videotaped image(s) in any and all publications, Internet websites, promotional literature, or for any other similar purpose without compensation to me. I understand and agree that I may be identified by name in information that might accompany the image. I agree that all such portraits, pictures, photographs, video, and audio recordings and any reproductions thereof, shall remain the property of the University. I waive the right to approve the final product. I hereby release and forever discharge the University, its trustees, agents, and employees, from any and all claims and demands arising out of or in connection with the use of said photographs/images, including but not limited to, any claims for invasion of privacy, appropriation of likeness, or defamation.   
  
A copy of this document shall have the same force and effect as the original.

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 me, my heirs, my assigns, and my personal representatives. I acknowledge that I am at least 18 years of age or, if I am not at least 18 years old, my parent or guardian has also signed below, and all references in this Release and Hold Harmless Agreement to “me,” “my,” and “I” refer both to me and to my parent or guardian.

This the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_, 201X.

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

Name of Participant Signature of Participant

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

Name of Parent or Guardian (if participant is under 18) Signature of Parent or Guardian (if participant is under 18)