



Arts & Sciences Summer Exploration Program Consent Forms

This document outlines specific items that require explicit consent from a **parent or legal guardian** for all participants in the Arts & Sciences Summer Exploration non-residential program scheduled from June 3 through June 28, 2024. To finalize enrollment in the program, the parent or legal guardian must review and sign this document where indicated.

- This form must signed and submitted via DocuSign **no later than May 15, 2024.**
- If a participant requires an accommodation such as interpretation to participate in this program, please contact the program at ExploreASC@osu.edu or 614-292-8208. Requests should be made as soon as possible. Requests made two weeks before the first day of a course will generally allow us to provide seamless access, but the university will make every effort to meet requests made after this date.

PARENT OR LEGAL GUARDIAN SIGNATURE ON EACH THESE SECTIONS IS REQUIRED FOR A MINOR'S ATTENDANCE IN THE PROGRAM.

CONSENT TO PROVIDE MEDICAL TREATMENT

In the event a participant is injured or becomes ill during an Arts & Sciences Summer Exploration Program, we will make every effort to contact the parent(s)/legal guardian(s) immediately. This consent form gives all physicians, dentists, nurses, and other appropriate medical personnel and their designees employed by the Arts & Sciences Summer Exploration Program, the Student Health Services of The Ohio State University or any other appropriate health care facility, including The Wexner Medical Center and Children's Hospital, the permission to administer necessary medical care; to perform any necessary emergency procedures; to refer and transfer to appropriate medical personnel for treatment when necessary or indicated while a participant is attending the Arts & Sciences Summer Exploration Program.

.....
I hereby give consent to any medical care determined by a physician to be necessary for the welfare of the program participant while said participant is under the care of the Arts & Sciences Summer Exploration Program staff, and neither I nor other adult listed as an Emergency Contact for the participant is reasonably available by telephone to give consent.

Participant full name:

Parent/Legal Guardian signature:

Date:

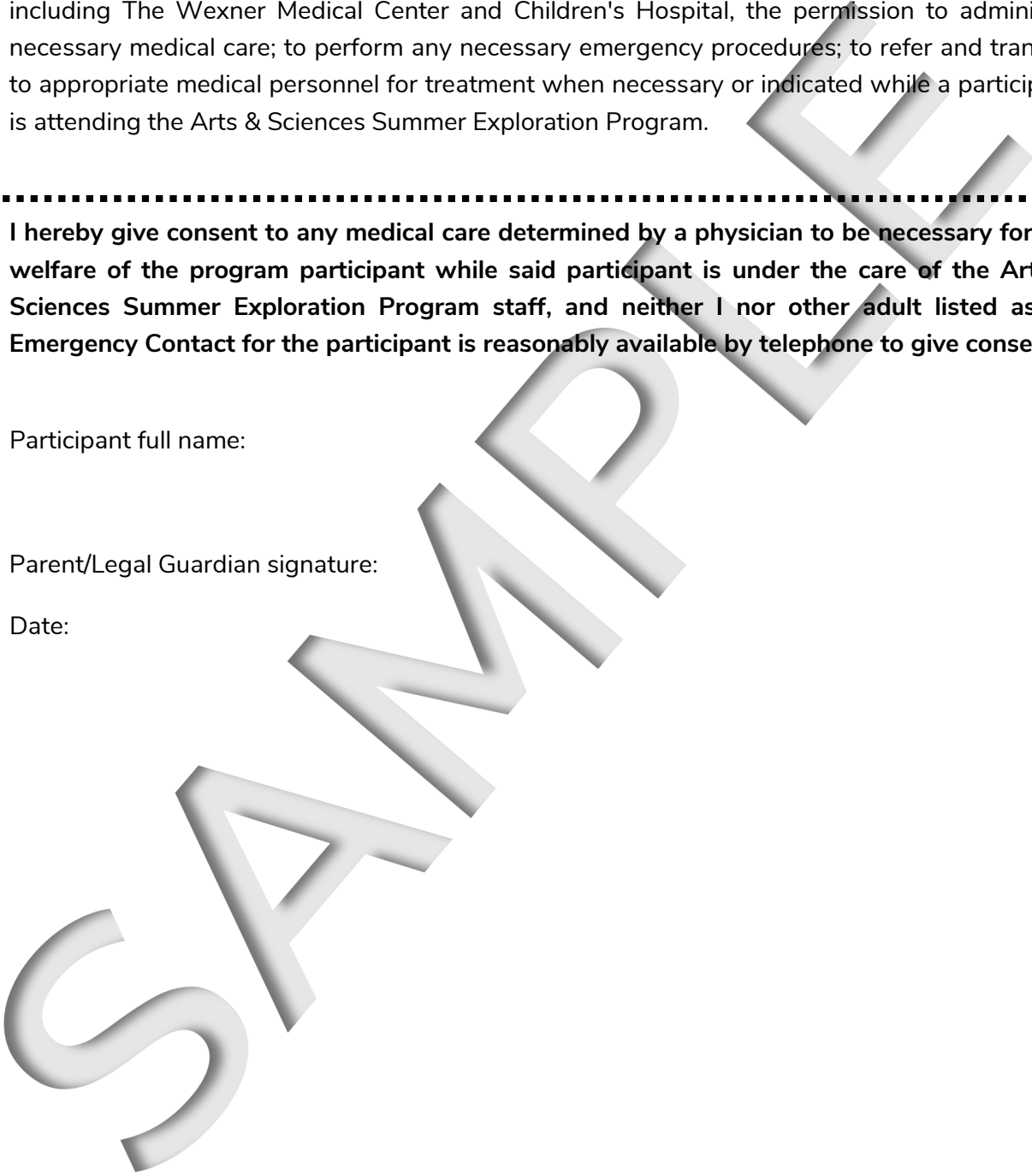


PHOTO & VIDEO RELEASE AND AUTHORIZATION

NOTE: This form requires the signature parent or legal guardian.

My child, _____ plans to participate in Arts & Sciences Summer Exploration through The Ohio State University, taking place June 3-28, 2024 I acknowledge that during this programming, my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University and its affiliates, agents, successors and assigns ("OSU") consent to use the videotape and photographs of my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with my child's participation in Arts & Sciences Summer Exploration in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose.

I further agree that OSU may use and permit others to use my child's name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing Arts & Sciences Summer Exploration throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my child's voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

I acknowledge and agree that this agreement is binding on all of my heirs and assigns.

Print Full Name of Participant: _____

Date: _____

Authorizing Signature of Parent/Legal Guardian if
Participant is under 18 years of age

Print Parent/Legal Guardian Name: _____

**RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER
FOR PROGRAM PARTICIPATION**

PARTICIPANT'S FULL NAME: _____

DATE OF BIRTH (MO/DAY/YR): _____

PARTICIPANT'S ADDRESS: _____

SPONSOR OF ACTIVITY: The College of Arts & Sciences

ACTIVITY LOCATION: The Ohio State University Columbus campus

DATE(S): START DATE: June 3, 2024 END DATE: June 28, 2024

DESCRIPTION: Arts & Sciences Summer Exploration program consists of one-week, non-residential academic enrichment courses for middle and high school students. Courses are designed and taught by Ohio State staff and faculty on the Columbus campus of Ohio State University. Participants will actively participate in lectures, classes, and hands-on learning activities.

I, the above-named participant, have voluntarily chosen to participate in the above described activity. I acknowledge that the nature of the activity may expose me to hazards or risks that may result in illness or personal injury, and I understand and appreciate the nature of such hazards and risks.

In consideration of my voluntary participation in this activity, I hereby accept all risk to my health and of any injury that may result from such participation and I hereby release The Ohio State University, its Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person that may result from or occur during my participation in the activity, whether caused by negligence of The Ohio State University, its Trustees, boards, officers, employees, or representatives, or otherwise. I further agree to hold harmless The Ohio State University and its Trustees, boards, officers, employees, and representatives from liability for the injury of any

person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above described activity.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my injury or damage to my property that occurs while participating in the described activity and it obligates me to hold harmless the ohio state university for any liability for injury of any person and damage to property caused by my negligent or intentional act or omission.

Participant Name:

Parent/Legal Guardian signature:

Date:

SAMPLE

COURSE SPECIFIC ACKNOWLEDGEMENT

Printmaking

During this course participants will use sharp instruments and operate print press equipment. Participants will be supervised throughout the course, but there is an inherent risk of injury. I acknowledge these risks and consent to my child's participation in the course.

Participant name:

Parent/legal guardian signature:

Date:

Pollinator Ecology and Exploration

During this course student will spend time outdoors collecting insects. As a result, students may encounter insects that bite or sting. This course may not be appropriate for participants with insect allergies. I acknowledge these risks and consent to my child's participation in the course.

Participant name:

Parent/legal guardian signature:

Date:

Philosophy Through Science Fiction

This course includes screening science fiction movies and/or television shows that may include mature content. Content shown may have a PG-13 or TV-14 rating. I acknowledge this information and consent to my child's participation in the course.

Participant name:

Parent/legal guardian signature:

Date: