



Participant Registration, Health Form & Permission for Medical Treatment

Participant Name _____ Date of Birth _____

Address _____
Street City ST Zip

Parent's Name _____ Email _____

Work# _____ Cell# _____

Is participant covered by health insurance? _____ YES _____ NO

Please attach a copy of both sides of insurance card.

Please list all medical conditions, physical or learning disabilities, and any emotional or behavioral problems of which Operation Safeguard staff should be aware:

Please list any medication the participant may require while participating in Operation Safeguard activities. (All prescription or over-the-counter medications should be provided to staff in original containers with labels and dispensing instructions in English.)

Drug Allergies _____

Food Allergies _____

Date of last tetanus booster _____

AUTHORIZATION FOR MEDICAL TREATMENT

I verify that the organizers of Operation Safeguard have permission to take my child, _____, to the nearest medical facility for emergency treatment and that I assume responsibility for payment.

Parent/Guardian Name

Signature

Date

Emergency Contact Information for week of June 11-15, 2012

Name Phone 1 Phone 2 Relationship

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We/I (Parent/Guardian) give permission for our/my child, named above, to participate in all activities associated with Operation Safeguard and give permission for photos of our child, named above, to be taken during instructional and recreational activities during Operation Safeguard and to be used for media and promotional activities now and in the future.

Signature _____ Date _____



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

Operation Safeguard is a disaster preparedness and response training for teens that presents the participants with the inherent risk of becoming ill or incurring an injury, despite the efforts of the staff to make the training environment as safe as possible. Participants in Operation Safeguard and their parents are advised that they are participating entirely at their own risk. The organizers of Operation Safeguard (including the Indiana Department of Homeland Security, Hamilton County, Indiana University, the Operation Safeguard Steering Committee, and all other partners and their affiliates, trustees, officers, directors, employees, agents, volunteers, successors, and assigns) will not be responsible for the illness of a participant or any injury to any participant, including death, sustained as a result of participation in this event. By participating in this event, each participant and their parents agree to release the event organizers from any and all liability associated with participation in this event to the fullest extent permitted by law.

To the fullest extent permitted by law, I hereby waive any rights I may have to sue the organizers of Operation Safeguard (including the Indiana Department of Homeland Security, Hamilton County, Indiana University, the Operation Safeguard Steering Committee, and all other adult supervisors and counselors, employees, agents, volunteers, successors, and assigns) or other parties involved with the event with respect to illness, personal injury or property damage suffered by myself and/or my child as a result of participation in this event and hereby release the event organizers from any liability for such injury or damage.

I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Indiana Department of Homeland Security, Hamilton County, Indiana University, the Operation Safeguard Steering Committee, and all other partners and their affiliates, trustees, officers, directors, employees, agents, volunteers, successors, and assigns and, if applicable, owners, lessors or lessees of the premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP CERTAIN RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF OPERATION SAFEGUARD ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed Name of Participant (Minor): _____

Address _____
Street City ST Zip

Phone: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):

_____ Date: _____



PARTICIPANT AGREEMENT

When disasters or local emergencies strike, youth need to be prepared. They should be part of the solution rather than the problem. Operation Safeguard is a 5-day, immersive learning, summer disaster preparedness and leadership academy for central Indiana high school youth. The hands-on training and exercises will help equip teens to be active and productive participants in disaster preparedness and response. Operation Safeguard provides access to professional public safety instructors, mentors, and leaders through realistic training and exercises. While these public safety professional will monitor student safety at all times during the camp, students must also participate in the safety process by following instructor and camp leader instructions.

I, _____, acknowledge that the training offered during Operation Safeguard entails the use of equipment that may pose hazards to myself, to others, and to physical property.

Therefore, I affirm that I will attend to and immediately adhere to all instructions given by camp staff, instructors, and others providing training and supervision for all activities.

I agree to attend to safety first and foremost in all my activities associated with Operation Safeguard and in the use of materials and equipment provided to me.

In the event I do not follow instructions or willfully or negligently pose a hazard to myself, to others, or to property, I acknowledge that I may be banned from activities and may be asked not to return to camp.

Student Printed Name

Signature

Date

Parent/Guardian Name

Signature

Date