



**NMSU YOUTH PROGRAM  
INFORMED CONSENT AND ASSUMPTION OF RISK  
DECLARATION**

EVENT TITLE: Animal and Range Science Summer Camp

NMSU SPONSORING UNIT: Animal and Range Science Department

LOCATION OF THE EVENT: Knox Hall and surrounding NMSU farms

PARTICIPANT: \_\_\_\_\_ (*print name*)

PARTICIPANT AGE AT THE TIME OF SIGNING: \_\_\_\_\_ (*if minor*)

**EVENT ACTIVITIES**

The event listed above will include the following activities:

- (1) Photography or video filming of participants.
- (2) Exposure and discussion of adult content in books, internet activities, or other forms of media.
- (3) Transportation by staff or volunteers
- (4) Engagement with animals which may behave unpredictably.
- (5) Experiments, research or learning activities involving hazardous chemicals or other potentially dangerous substances, or the use of laboratory type equipment.

**ASSUMPTION OF RISK:**

The event and activities as described above have certain inherent risks. While it is impossible to predict with certainty all of the potential risks that may be encountered, you should be aware of the risks specifically described below. Your signature on this document indicates that you have made the determination that your child has the maturity and ability, physical and mental, to safely participate in the activity (with or without disability accommodation). Your child’s participation is voluntary and by allowing your child to participate, you are acknowledging that the risks of this activity are acceptable to you. You understand and acknowledge that NMSU does not provide medical insurance for participants and that you will be financially responsible for any injury or illness occurring during the event.

**POSSIBLE RISKS:**

- The carelessness or dangerous actions of other participants in this activity.
- The possibility of unknown or unrecognized defects or hazards in equipment or facilities.
- The hazards of unpredictable weather conditions and natural disasters.
- Participant’s disregard of instructions or directives, or failure of participant(s) to be attentive to instructions and rules.
- Participant’s failure to wear or utilize personal protective equipment or gear as provided or as required for participation.
- Illnesses associated with close contact with other participants and event supervisors.
- Transportation accidents including collision with other vehicles, vehicle breakdown or equipment failure, and unknown or unexpected conditions at locations not under the control of NMSU.

**MEDICAL ISSUES AND TREATMENT:**

In addition to signing this document, a custodial parent or legal guardian must also complete NMSU's Medical Information and Treatment Authorization form (separate document). This document will enable NMSU to promptly obtain medical treatment if your child should become ill or injured during the course of the Event. Should illness or injury occur, NMSU will notify you as soon as is reasonably possible, and unless the need for treatment is urgent, will ask you to retrieve your child and make arrangements for treatment as you deem appropriate. You agree to promptly retrieve your child if you are notified of an apparent illness or possible injury.

**DECLARATION OF PARENT OR LEGAL GUARDIAN**

By signing below, I represent that I am a custodial parent or legal guardian of the Participant indicated above. In consideration of the opportunity to participate in the Event that NMSU is providing, and on behalf of my child (or ward), I give my consent for my child (or ward) to participate, and on behalf of my child, I ASSUME ALL RISKS that relate to my child's participation in the Event.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date



**NMSU Sponsored Youth Program  
MEDICAL INFORMATION AND TREATMENT AUTHORIZATION**

No Participant may attend any programs, events, camps or retreats for minors, sponsored by New Mexico State University (NMSU), prior to the completion of this form by a custodial parent or a legal guardian. Additional pages may be attached if needed.

**Participant Information:**

Participant Name:			
Name of Custodial Parent(s) or Legal Guardian:			
Physical Home Address:			
Local Address (if different):			
Participant Phone No.:			
Age:		Birth Date:	

**Emergency Contact Information:**

Emergency Contact Name:	
Phone Numbers:	
Alternate Emergency Contact:	
Phone Numbers:	

**Personal Physician (Primary Care) Information:**

Physician Name:	
Phone Numbers:	

**Health Insurance:**

Insurance Company Name:	
Name of Policy Holder:	
Identification No.:	

**Participant's Immunizations:**

List immunizations which are <u>not</u> current:	
Date of most recent Tetanus vaccination:	

**Participant Medical Background**

Special services required due to physical or medical condition:		
Restrictions on physical activities:		
Medications (prescription and over the counter) currently taken, including dosage and frequency:		
Describe any assistance needed with medication management:		
Vision – does Participant utilize glasses or contact lenses?		
Dietary Restrictions:		
Allergies (medications, foods, insects, plants):		
Medical History – mark any that apply to participant.	Heart Disease __Yes Epilepsy __Yes Diabetes __Yes	Asthma __Yes High Blood Pressure __Yes
Other medical information of which NMSU should be aware:		

By signing below, I represent that I am a custodial parent or legal guardian of the Participant indicated above, who is under the age of 18, and that the information provided above is accurate. My signature also represents my permission for treatment by a licensed physician (if medical treatment is deemed necessary by the physician) and my acceptance of complete financial responsibility for all medical services rendered to the Participant.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian