

Upward Bound Program



PARENTAL CONSENT FORM

Student's Birth Name (Please print clearly): _____
Last First Middle

Date of Birth: _____ **Age:** _____ **Parent Telephone:** _____

I give my consent for the above-named student to participate in the program offered by Cape Fear Community College. The student information that I have entered on this form is true and correct to the best of my knowledge.

Signature of Parent/Guardian: _____

Relationship to the above-named minor: _____

RELEASE FORM

Cape Fear Community College will make every effort to provide a safe and enjoyable experience for participants in its programs; however, we cannot guarantee that no injuries or damages will occur. We, therefore, require each participant to read and sign the following form before participating.

I, _____, consent and agree for my child, _____,

(Parent/Guardian's Printed Full Name)

(Student's Full Name)

to participate in the program at Cape Fear Community College.

Please Initial Each of the Following Statements:

_____ I hereby release and forever hold harmless Cape Fear Community College, its officers, officials, agents, and employees from any responsibility, cause of action, claims and/or demands for bodily or personal injuries to my child, damage to my personal property or injury/damage to property of others caused by, growing out of, or resulting from my child's participation in CFCC Upward Bound program, which includes without limitation, all activities presented by the instructor and any use of premises, facilities, or equipment.

_____ My child is in proper physical condition to participate in this program. In addition, I fully understand that Cape Fear Community College, its officers, officials, agents and employees are under no obligation or duty to provide a physical examination, which is my sole duty and responsibility.

_____ I fully understand that my child must be willing to follow instructions and behave properly during camp. Inappropriate horseplay or repeated refusal to follow safety instructions may result in my child's removal from further camp activities, and I will be asked to send an authorized individual to pick up my child.

_____ I fully understand that participation in this program is purely voluntary and that the activities of said program may involve risks and hazards of bodily injury or property damage substantiated through participation.

I have read this document in its entirety. I understand that this document releases Cape Fear Community College, its officers, officials, agents, and employees from any liability from my child's participation in the above described activity.

Parent/Guardian Signature: _____ **Date:** _____

MEDICAL INFORMATION

Child's Full Name: _____ **Age:** _____

1. Does your child have any known allergies, including food allergies?

NO _____ YES _____ (please elaborate):

2. Does your child take any medications? This information is necessary in the event of emergency medical attention. If medications need to be administered while at camp, please elaborate below.

NO _____ YES _____ (please elaborate):

3. Does your child have any behavioral/emotional needs in which we may need to be aware?

NO _____ YES _____ (please elaborate):

4. Does your child have any physical needs or restrictions in which we may need to be aware?

NO _____ YES _____ (please elaborate):

5. Please list any additional information that you think our staff should know:

EMERGENCY CONTACTS

Name of Parent/Guardian: _____

Work Phone: _____

Cell Phone: _____

Name of Parent/Guardian: _____

Work Phone: _____

Cell Phone: _____

Please provide at least one additional emergency contact who is not a parent/guardian:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

CHILD PICK-UP AUTHORIZATION FORM

Safety is of utmost importance to us. To protect your child, we request that you provide a list of people (including yourself, family, babysitters, etc.) who are authorized to pick up your child during the week of camp. Staff may request to see the driver's license of anyone picking up a child. Those not listed below will not be allowed to pick up your child. If there is a change in the following list, you must notify us immediately, 910-362-7092.

The following individuals are authorized to pick up my child, _____
(Child's Full Name)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____



Activity Waiver Form (Release, Waiver and Covenant Not To Sue)

I, _____ (Print Name), agree to be bound by this Release, Waiver and Covenant Not To Sue ("Release") in consideration for Cape Fear Community College's ("College") permission to participate in the activity described as follows:

Campus Visits & Tours
Local & State Field Trips
Museum & Cultural Visits
Performances & Athletic Events
Study Sessions
Test Preparation Sessions
Workshops

, including all related or associated activities, events and related travel, whether or not transportation is provided or arranged by the College, (the "Activity").

***Agreeing to participation does not commit or guarantee your child will be able to attend all events. It only grants permission should as space is available.**

1. Acceptance of Terms. I understand that I must agree to this Release if I am to participate in the Activity. Participation in the Activity is a privilege granted to me by the College.

2. Express Assumption of Risks. I acknowledge that the Activity involves certain inherent risks and dangers of accident, injury, loss or harm, including but not limited to bodily injury, death, emotional distress, and economic damage (collectively, "Risks"), and I knowingly, willfully and voluntarily assume all such Risks, whether known or unknown, economic or noneconomic, direct or indirect, in any way associated or connected with the Activity.

If the Activity is an athletic activity or event, or involves physical movement or proximity to other individuals, I understand and acknowledge that injuries and sickness may result from, or be worsened or complicated by, the Activity, and that the Risks cannot be completely eliminated.

3. Release of Liability. I FOREVER RELEASE, ACQUIT, AND DISCHARGE THE COLLEGE, AND ITS REPRESENTATIVES, OFFICERS, TRUSTEES, EMPLOYEES, AGENTS, AND INDEPENDENT CONTRACTORS, AND THE PERSONAL REPRESENTATIVES, HEIRS, SUCCESSORS, AND ASSIGNS THEREOF (COLLECTIVELY, "THE COLLEGE AFFILIATES"), OF AND FROM ANY AND ALL LIABILITY, CLAIMS, DAMAGES, DEMANDS, ACTIONS, INJURIES, CAUSES OF ACTION, SUITS, LOSSES, COSTS, AND EXPENSES, INCLUDING ATTORNEY'S FEES, OF WHATSOEVER KIND OR NATURE, ARISING FROM, RELATED TO, OR IN ANY WAY CONNECTED WITH THE ACTIVITY, WHETHER KNOWN OR UNKNOWN, ECONOMIC OR NONECONOMIC, DIRECT OR INDIRECT, INCLUDING BUT NOT LIMITED TO THOSE RESULTING FROM THE NEGLIGENCE OF THE COLLEGE AND THE COLLEGE AFFILIATES.

4. Indemnification. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE COLLEGE AND THE COLLEGE AFFILIATES OF AND FROM ANY AND ALL LIABILITY, CLAIMS, DAMAGES, DEMANDS, ACTIONS, INJURIES, CAUSES OF ACTION, SUITS, LOSSES, COSTS, AND EXPENSES, INCLUDING ATTORNEY'S FEES, OF WHATSOEVER KIND OR NATURE INCURRED BY OR THREATENED AGAINST THE COLLEGE ARISING FROM, RELATED TO, OR IN ANY WAY ASSOCIATED OR CONNECTED WITH MY PARTICIPATION IN THE ACTIVITY.

5. Voluntary Participation. I acknowledge that I am not required to participate in any way in the Activity, but have willfully and voluntarily decided to participate in the Activity of my own accord. If I am an employee or independent contractor of the College, I understand that my decision whether or not to participate in the Activity will have no effect on my employment or other economic relationship with the College.

6. College Drug and Alcohol Policy. I ACKNOWLEDGE THAT THE COLLEGE HAS ZERO TOLERANCE FOR THE ILLEGAL USE, POSSESSION AND DISTRIBUTION OF DRUGS AND ALCOHOL ON COLLEGE PROPERTY OR WHILE PARTICIPATING IN COLLEGE ACTIVITIES WHEREVER LOCATED. I AGREE THAT I WILL NOT POSSESS, USE, SELL, DISTRIBUTE OR BE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL WHILE PARTICIPATING IN ANY COLLEGE ACTIVITY AND THAT I WILL ADHERE TO THE DRUG AND ALCOHOL POLICY AS STATED IN THE COLLEGE CATALOG.

7. Severability. If any word, phrase, term or provision of this Release is determined by a court of competent jurisdiction to be unenforceable, void, or voidable, it is the intent of the parties that the remainder of this Release shall remain in full force and effect.

8. Governing Law. The parties hereto agree that, without regard to conflicts of law principles, the laws of the State of North Carolina shall govern and control the validity, interpretation, performance, and enforcement of this Release.

9. Full Understanding of Terms. I hereby acknowledge and agree that I have been given an opportunity to read this Release in full and fully understand the terms and provisions set forth in this Release. I further acknowledge and agree that I am giving up substantial rights.

10. Signature and Binding Effect. I execute this Release on behalf of myself and my personal representatives, heirs, successors and assigns, intending to be bound by the terms of this Release.

Execution by Parent or Guardian. If the Participant is under the age of 18, this Release must be signed by the parent or legal guardian of the Participant.

I, the undersigned parent or guardian, hereby acknowledge and agree that this Release shall be executed on behalf of the Participant and his or her personal representatives, heirs, successors, and assigns, with the result that all such parties are bound by the terms of this Release. I agree to be bound to the terms of this Release to the same extent as the Participant. I agree and promise not to sue or bring any claim against the College arising out of Participant's participation in the Activity, either on behalf of Participant or in my own individual capacity.

Parent/Guardian: _____

Print Full Name : _____

Date: _____

Name of Participant: _____

Age of Participant: _____

Participant Student ID Number (if a Participant is a College student): _____

ND: 4812-1607-7322, v. 3
Rev. 9/2023