

**Summer Form Checklist for the ACTION program  
Summer June 8th-July 12th, 2025**

Forms for current High School ACTION students Cohort 4 are due during the Summer Orientation meeting on May 10th. Printed forms will be handed out to students during the March Saturday Meeting on 8th. If forms are lost or you need another copy, please see the website for copies to be printed. <https://ukhealthcare.uky.edu/markey-cancer-center/research/action>

**ACTION Forms**

- Student Contract
- Off Campus Trips
- Permission to Leave Campus (*List every person that you would want to be to pick up your student, Must be 21 years old or older and bring their photo id—even parents*)
- Student Medical Data
- Authorization to Obtain Medical and Dental Assistance

**UK Medical Forms**

- Medical Insurance Information Form
- Minors Participating in Program Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks form
- Excess Insurance for Camps
- Receipt of Notice of Privacy Practices
- Authorization to Release Information

**UK Volunteer Research**

- OLE Parent/Guardian Waiver
- Emergency Contact Form for Volunteer \*leave volunteer location/info
- Risk and Waiver of Liability for Volunteer blank for now
- Visitor Information Sheet

**Gym Forms**

- Johnson Student Rec Center Application form \*leave ID # blank
- Aquatics Program Activity Waiver
- UK Climbing Wall Release of all claims

**Additional Forms**

Minors in Research with lab details (Will be sent to student's email during the month of April and must be signed and returned during the May meeting)

**Forms that have already been signed as of August 2024**

- UK Photo Release
- Educational Release
- Traveling with ACTION form

ACTION Summer Program

Student Contract

Student Name: \_\_\_\_\_

(Please Print)

As a member of the UK Markey Cancer Center ACTION Program, I accept the following responsibilities and agree to:

1. Attend all ACTION scheduled activities
2. Follow all ACTION and University of Kentucky rules
3. Conduct myself as a lady or gentleman at all times
4. Uphold the policies of the ACTION Program
5. Strive to develop leadership qualities
6. Adhere to the ACTION Program disciplinary policy
7. Be respectful to ACTION staff, students and others.

As a member of the UK Markey Cancer Center ACTION Program, I accept responsibility for the fulfillment of the above obligations. I understand that failure to attend and/or participate in ACTION Program activities, maintain the academic standards, or fulfill the requirements of this contract could result in my dismissal from the program.

I understand that the summer program is the most influential component of ACTION and I will make a firm commitment to attend the summer program. I promise to be in attendance, abide by the rules and regulations, and participate fully in all activities. I further understand that failure to comply with this regulation will result in my dismissal from the ACTION Program.

I further understand that the following behaviors will result in automatic dismissal from the ACTION Program and I WILL NOT engage in any of the following:

1. Possession of alcohol or illegal drugs
2. Sexual misconduct
3. Physical or verbal abuse of staff or another student
4. Possession of weapons or fireworks
5. Stealing or shoplifting
6. Intentional damage of property: public, personal or private
7. Out of the residence hall/hotel room past curfew

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

As the parent or legal guardian of the above-named student, I agree to support the rules and decisions of the ACTION Program. I understand that if my son or daughter breaks any of the rules listed above I will be responsible for the expense of transportation home should my child be dismissed from the summer program.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONTRACT FOR OFF CAMPUS TRIPS**

**ACTION SUMMER PROGRAM**

The following statements must be read and signed by each ACTION Program student and his or her parent or legal guardian. Students who do not sign, or whose parents will not sign, will not be allowed to join us on the trip(s).

I understand the following rules and regulations governing ACTION trips to off-campus locations.

1. There will be no alcohol in my possession.
2. There will be no illegal drugs in my possession.
3. There will be no tobacco products or smoking products in my possession.
4. I will comply with all ACTION Program rules and policies and will adhere to all scheduled activities (I will not be late!).
5. As a representative of the ACTION Program I understand that I represent the program to all who seem and will conduct myself as a lady or gentleman at all times. I will treat all students and staff with respect.
6. I will abide by staff requests and remember safety is important.

If I know that any of the above rules are being broken by other ACTION students and do not report it to a staff member, I am just as guilty as the person breaking the rule and will accept the same consequences.

**I understand that if I break any of these rules that my parent/guardians will be called immediately and that I will be sent home at their expense.**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

*I am the parent or legal guardian of the above-signed student and I understand that if my son or daughter breaks any of the rules listed above, I will be responsible for the expense of sending him or her home immediately.*

Parent/LegalGuardianSignature \_\_\_\_\_ Date \_\_\_\_\_

Markey Cancer Center ACTION Program  
 University of Kentucky  
 PERMISSION TO LEAVE CAMPUS

Parents/legal guardians are the only authorized individuals allowed to pick up students during the week (please refer to the attendance policy). However, we do understand that there may be times when some parents/guardians need to authorize another individual to pick up a student on Friday afternoon to transport them home for the weekend.

Please list those individuals who have permission to pick up your son/daughter on Friday afternoons while they are participating in the ACTION summer program.

Student Name: \_\_\_\_\_

Custodial Parent(s)/Guardian(s): \_\_\_\_\_

Mother & Phone Number

Father & Phone Number

(If more than one parent/guardian, please list BOTH names)

My son/daughter has permission to leave campus with the following:

Name/Relationship to Student	Phone Number
Example: Joe Smith (Uncle)	859-123-4567

My son/daughter MAY NOT leave campus with the following individual(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date



**ACTION Summer Program  
University of Kentucky**

**Authorization to Obtain Medical and Dental Assistance**

\_\_\_\_\_

(Student Full Name)

\_\_\_\_\_

(Student Date of Birth)

I hereby request and authorize UK ACTION staff to obtain medical or dental assistance for my son/daughter.

This authorization also covers medical assistance in a hospital Emergency Room or at any Health Care Facility should such assistance be required.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**UNIVERSITY OF KENTUCKY**

**Camps, Conferences & Field Trips**

**MEDICAL INSURANCE INFORMATION FORM**

Participant Name: _____		
Last	First	Middle I.
Address: _____		
Street	Apt. #	
_____		
City	State	Zip Code
_____		
Age: _____		Date of Birth: _____
Parent/Guardian Name(s): _____		
Business phone:	mother: _____	step mother: _____
	father: _____	step father: _____
Home phone:	mother: _____	step mother: _____
	father: _____	step father: _____
Neighbor or Relative (Other than parent/guardian): Phone: _____		

**PRIMARY INSURANCE INFORMATION**

<b>PARENT'S INSURANCE COVERING PARTICIPANT</b>	
Insured: _____	Date of Birth: _____
Policy No.: _____	Member ID #: _____
Insurance Co.: _____	Phone #: _____
Insurance Co. Address.: _____	

<b>SECOND PARENT'S INSURANCE (if participant is also covered under this policy)</b>	
Insured: _____	Date of Birth: _____
Policy No.: _____	Member ID #: _____
Insurance Co.: _____	Phone #: _____
Insurance Co. Address.: _____	

**✓ Check and sign if participant has no health coverage.**

There is no health insurance coverage for this participant at this time.	
Signature Parent/Guardian.: _____	Date: _____

**You MUST submit a copy of the front and back of all insurance and Rx identification cards covering participants.**

**University of Kentucky  
Minors Participating in a Program/Camp Informed Consent, Voluntary Waiver,  
Release of Liability & Assumption of Risks Form**

**PROGRAM/CAMP INFORMATION:**

Program/Camp Name: ACTION Summer Program

Date(s): 6/8/2025 - 7/12/2025

Time(s): \_\_\_\_\_

Location: University of Kentucky

**PARTICIPANT INFORMATION:**

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

***PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/CAMP.***

**I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:**

I acknowledge, understand and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Program.

I, on behalf of my Child, hereby release the University of Kentucky, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "UK") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless UK from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Program. I understand that UK accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of UK to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify UK from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

**This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.**

Participant Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Participant Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_



UNIVERSITY OF KENTUCKY

EXCESS INSURANCE FOR CAMPS/CONFERENCES/FIELD TRIPS

Insurance Coverage

Insurance coverage is on an excess basis only. The participants' personal health insurance will be primary and provide coverage for accident and sickness. The excess policy will cover any out-of-pocket expense not paid by the participants' personal insurance up to the limits of the policy listed below. (This includes payment of the deductible and coinsurance amounts if applied under the participants' personal policy.) The sickness medical expense will be limited to \$500 on an excess basis. The benefit period is one year. The first expense must be incurred within 60 days of the accident or sickness. If the participant does not have personal health insurance coverage, this excess policy will pay first dollar, up to the limits of the policy. Pre-existing conditions are not covered. A pre-existing condition is any condition for which a prudent person should have sought treatment or was treated in the previous six months.

Coverage Benefits & Limits

Table with 2 columns: Coverage Item, Amount/Limit. Includes Accident Medical Expense (\$50,000), Accident Dental Expense (Included), Deductible (Nil), Sickness Medical Expense (\$500), Deductible (Nil), AD&D and Paralysis, Principal Sum (\$15,000), Benefit Period (One Year), Effective Date (1/1/16).

Consent to Medical Treatment/Insurance Statement

It is understood that authority is given to the University of Kentucky, or anyone they may designate, to have my son/daughter treated for injuries or illnesses they incur during a designated camp, conference, or field trip activity at the University of Kentucky.

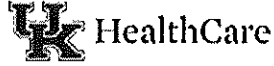
I understand that I will be notified if a health problem arises, but in the event I cannot be reached by telephone, I hereby give the University of Kentucky, or anyone they may designate, permission to seek medical treatment for the participant named below, including surgery (on an emergency basis) or additional advanced treatments (MRI, lab tests, etc.) as deemed necessary by competent medical personnel.

I am aware that, as the adult participant, or as the parent or legal guardian of the participant named below, I will be responsible for any expenses incurred outside of the limits provided by the University of Kentucky's Camps/ Conference/Field Trip Policy. I also understand that the University of Kentucky insurance coverage is on an "excess" basis only. The excess policy will cover any out-of-pocket expense not paid by the participant's personal insurance up to the limits of the policy listed above.

\_\_\_\_\_  
Date Name of participant Signature (Parent or Guardian if claimant is a minor)

Emergency Contact (If other than parent)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number. (home) \_\_\_\_\_ (work) \_\_\_\_\_



DOS

- University of Kentucky A.B. Chandler Hospital
- UK HealthCare Good Samaritan Hospital
- UK HealthCare Ambulatory Services
- UK Dental and Oral Health Clinics



**RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (Patient Label Here) \_\_\_\_\_

I understand that as part of my health care, University of Kentucky and its affiliates originates and maintains health records. These health records describe my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- a basis for planning my care and treatment
- a means of communication among the many health professionals who contribute to my care
- a source of information for applying my diagnosis and medical treatment information to my bill
- a means by which a third-party payer (i.e. insurance company) can verify that services billed were actually provided
- and a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

The University of Kentucky and its affiliates' **Notice of Privacy Practices** gives a more complete description of how my health information may be used or disclosed. The notice also explains my rights regarding my personal health information, including the right to access my own records and the right to request restrictions as to how my health information is used or disclosed.

I understand it is my responsibility to notify University of Kentucky and its affiliates regarding any restrictions to disclosure of my health information regarding this or any subsequent visit.

**I have been provided with a *Notice of Privacy Practices* and have been given the opportunity to review this notice.**

**\*\*Camper is a minor, therefore this form must be signed by the Parent/Guardian/Legal Representative**

\_\_\_\_\_  
Signature of Patient or Legal Representative Date

\_\_\_\_\_  
Witness Date

**AUTHORIZATION TO RELEASE INFORMATION**

I authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment-related information concerning the patient, to the Plan administrator or their employees and authorized agents for the purpose of validating and determining benefits payable. This data may be extracted for use in audit or statistical purposes. I understand that I or my authorized representative will receive a copy of this authorization upon request. This authorization or a photostatic copy of the original shall be valid for the duration of the claim.

Signature (Parent or Guardian if claimant is a minor)	Date	Phone No.
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**PAYMENT AUTHORIZATION:** I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

Signature (Parent or Guardian if claimant is a minor)	Date
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If you are under the age of 18, your parent or legal guardian's signature is also required below.

I acknowledge that I am this minor's parent or legal guardian and I consent to his/her participation in a learning experience with UK HealthCare. Furthermore, I acknowledge the information outlined in the *OLE Requirements Packet, HIPAA Education Document, Orientation Guide and Volunteer Services Agreement* (if applicable) and understand I am liable for the minor's compliance with standards, policies, and regulations during the learning experience.

- a) I certify that the minor has never been adjudicated or convicted of the crime of assault, battery, abuse, or other violent crimes against persons. I understand that convictions, adjudications, guilty pleas and Alford/"no contest" pleas reasonably related to the learner's activities, as well as any other reason permitted by policy or law, are ground for denial of the minor's student activities and volunteer research service at UK HealthCare.
- b) In emergency situations – including, but not limited to the event of injury, accident, or illness – I authorize UK HealthCare staff to consent to medical transport, examination, and treatment of the minor, and to release protected health information from medical records of the minor. I hereby agree to release, indemnify, and hold harmless UK HealthCare, its trustees and employees from any and all liability for any injuries arising out of emergency medical care and treatment. This waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Emergency Contact Form for Volunteer**  
University of Kentucky College of Medicine



Volunteer Information	
Name (First and Last Name):	Phone:
Supervisor Information	
Name (First and Last Name): Nathan Vanderford	Email: nathan.vanderford@uky.edu
Volunteer Location	
Department Name:	Campus Address:
Building Location:	Lab Number:
Emergency Contact Information	
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:

**Supplemental Information (Optional)**

Comments (include any special medical or personal information you would want an emergency care provider to know - or special contact information):

In emergency situations-including, but not limited to the event of injury, accident, or illness -I authorize UK HealthCare staff to consent to medical transport, examination, and treatment, and to release protected health information from medical records, even if for a minor. I hereby agree to release, indemnify, and hold harmless UK HealthCare, its trustees and employees from any and all liability for any injuries arising out of emergency medical care and treatment. This waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

Printed Name of Volunteer

Volunteer's Signature

Printed Name of Parent or Guardian  
(If volunteer is younger than 18)

Parent or Guardian Signature  
(If volunteer is younger than 18)

**Risk and Waiver of Liability for Volunteer**  
 University of Kentucky College of Medicine



Supervisor Information	
Name (First and Last Name): Nathan Vanderford	Email: nathan.vanderford@uky.edu
Volunteer Location	
Department Name:	Campus Address:
Building Location:	Lab Number:

I hereby acknowledge and record my independent and voluntary decision to participate in a research project conducted in the College of Medicine.

I understand that my participation in this research activity may entail certain anticipated and unanticipated risks regarding personal injury.

I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries that I may incur coincident to my participation in this research project.

I hereby assume any and all risks associated with this activity and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to my participation in this research project.

I further acknowledge and affirm that as a participant in this research project, I am not an employee of the University of Kentucky. Thus, I am not entitled to any benefits of the aforementioned, including, but not limited to coverage by The Worker's Compensation Act.

Printed Name of Volunteer

Volunteer's Signature

Printed Name of Parent or Guardian  
 (If volunteer is younger than 18)

Parent or Guardian Signature  
 (If volunteer is younger than 18)

# COM Domestic Visitor Information Sheet

## University of Kentucky College of Medicine



Visitor activities start date: 6/8/2025 End date: 07/12/2025 Visitor Name: \_\_\_\_\_

Determine the appropriate title for the visitor:

- Observer:** Individual shadowing or observing only for a learning experience
- Student:** Individual performing activities as part of academic credit or training requirements
- Research learner:** Individual volunteering with research as part of a learning experience

Visitor Date of Birth: \_\_\_\_\_ Is the visitor a minor?  Yes  No

Will the visitor be coming to the College of Medicine as part of a UK program?  Yes  No  
A Program can be defined as "an ongoing or planned event that is designed to include minors or are targeted towards minors " For more information, please refer to AR 6:12: <https://regs.uky.edu/administrative-regulation/ar-612>

The activities being performed are for the benefit of the visitor to (ex: improve computational design skills):

To learn and observe in the cancer research field and clinical environment with the Appalachian Career Training in Oncology Program.

### Supervisor Contact Information

Name: Nathan Vanderford Email: nathan.vanderford@uky.edu

Department: Markey Cancer Center Office/Lab Building and Room Number: College of Med, 780 Rose St.

By signing below, I agree to abide by all guidelines and regulations of the University of Kentucky as follows:

- The visitor is performing these services freely and without any pressure or coercion, direct or implied, from the University of Kentucky.
- The visitor will engage in activities 25 hours per week.
- The visitor will not require visa sponsorship by the University of Kentucky.

Select the option below that best applies to this appointment:

- The visitor will not displace a current or previously paid position or perform tasks that are ordinarily performed by paid employees. The visitor will not receive or expect to receive any compensation from the University of Kentucky.

OR

- The visitor will receive a stipend of \$ 291.67 per month \*grant stipend (month, week, etc.)

Nathan Vanderford

Printed Name of Supervisor

Printed Name of Visitor

Printed Name of Parent or Guardian  
(if visitor is under the age of 18)

Nathan L.  
Vanderford

Digitally signed by Nathan L. Vanderford  
Date: 2024.11.20 12:12:34 -0500

Signature of Supervisor

Signature of Visitor

Signature of Parent or Guardian  
(if visitor is under the age of 18)

# Johnson Student Recreation Center and Alumni Gym Membership Application

Please choose your appropriate classification

- UK Faculty/Staff
- Visiting Student

*If appropriate classification = Visiting Student*

Please choose the type of membership you would like to sign up for.

- Non-UK Student membership - \$20/summer

**Name**

First name \_\_\_\_\_

Last name \_\_\_\_\_

**ID number**

\_\_\_\_\_

**Sex**

Male

Female

**Home address**

\_\_\_\_\_

**City/State/Zip Code**

\_\_\_\_\_



Phone number

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Email address

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Emergency contact name and phone number

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**Dependent and Guest Policy**

Dependent memberships to the Johnson Student Recreation Center/Alumni Gym are not available. A daily guest pass must be purchased by a Johnson Center/Alumni Gym member in order for dependents or other guests to use the facility. Limit 2 guest passes per day. All guests must be at least 14 years of age and must have a photo ID to enter the facility.

(Member Initials)

X _____
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**Member Responsibilities**

1. Members who allow other persons to use their membership card or Student ID card will have their membership privileges revoked.
2. Members must abide by all membership and facility rules and regulations.
3. Memberships are not refundable or transferable.

(Member Initials)

X _____
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**Assumption of Risk**

Participants understand that physical activities contain an element of inherent danger including serious injury or even death. Participation in all activities is on a voluntary basis at the individual's own risk. All participants are strongly encouraged to undergo a physical examination and consult with their personal physician indicating fitness level appropriateness for strenuous activities and to carry medical coverage, prior to participating in any activity.

(Member Initials)

X _____
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(Parent/Guardian)

X _____
---------

# Aquatics Program Activity Waiver of Liability, Assumption of Risk, and Indemnity Agreement

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Q2 Waiver of Liability, Assumption of Risk, and Indemnity Agreement  
Activities in the Aquatic Center

Q65 Participant Name:

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1/4

Q66 Participant Email: (If Minor, use Parent/Guardian Email:)

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Q4 Parent/Guardian Name.

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Q5 Program:

▼ UK Athletics Recruiting Visit (1) ... Special Event (8)

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Q28 PLEASE NOTE: IF UNDER THE AGE OF 18, GUARDIAN OF MINOR & MINOR WILL ALSO NEED TO SIGN AND INITIAL EACH SECTION OF WAIVER

Q30

**Waiver of Liability:** In consideration of permission to use, today and on all future dates as a member, the property, facilities, staff, equipment, and services of the University of Kentucky Department of Campus Recreation, I, on behalf of myself and anyone claiming an interest through me, release, waive, indemnify, discharge, and covenant not to sue the University of Kentucky, its Board of Trustees, officers, employees, agents, and representatives (collectively, the University) from liability from any and all claims including the negligence of the University resulting in personal injury, accident or illness (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

Participant Please Initial:

Q31 Guardian of participant if under 18, Please initial:

Q63

**Assumption of Risks:** I understand that I may be asked to participate in activities in the Aquatic Center. I acknowledge that these activities are not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can cause loss or damage to personal property, accidental injury, illness, or in extreme cases, permanent trauma or death. I understand that even though precautions have been taken by the Instructor or Lifeguarding Staff to provide safe aquatic conditions, I am responsible for my health and safety at all times. I understand that if I am participating in an activity, I should modify or discontinue my workout or my participation at any time if I experience pain or discomfort and will inform my Instructor or a Lifeguard Staff immediately. I agree to take responsibility for my safety when participating in an activity, including those times when I am within a University facility, regardless of whether I am under the supervision of an instructor or lifeguard during the activity. Risks include, but are not limited to sprains, strains, breaks, concussions, cuts, loss of eyesight, cardiac arrest, drowning, partial or total paralysis, or death. Additional injuries may be caused by uneven footing in aquatic areas, dehydration or heat exhaustion, and life-threatening injuries sustained from diving into the

water. I understand that other unknown or unanticipated risks may result in property loss, injury, or death. I agree to assume responsibility for the inherent risks identified herein and those inherent and unknown risks not specifically identified. I understand that my participation in this activity is purely voluntary and I elect to participate in spite of and with full knowledge of these risks

I am aware that activities in the Aquatic Center may require a high level of physical exertion. I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in this activity. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in this activity without the approval of my physician and do hereby assume all responsibility for my participation in this activity.

I understand that this Assumption of Risk and personal responsibility statement is governed by the laws of the Commonwealth of Kentucky.

Participant Please Initial:

Q64 Guardian of participant if under 18, Please initial:

Q33

**Indemnification:** I also agree to INDEMNIFY AND HOLD HARMLESS, the University of Kentucky, its Board of Trustees, officers, employees, agents, and representatives (collectively the University), from any and all causes of action, claims, liabilities, losses, costs, and expenses, including attorneys' fees, or demands of any kind and nature whatsoever which may arise by or in connection with my involvement in this activity and to reimburse the University for any such expenses incurred

Participant Please Initial:

Q34 Guardian of participant if under 18, Please initial:

**Q36 Severability:** I also agree that the foregoing Waiver of Liability and Assumption of Risk Agreement is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Kentucky and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effort.

Participant Please Initial:

Q37 Guardian of participant if under 18, Please initial:

Q39

Acknowledgment of Understanding: I have read this Waiver of Liability, Assumption of Risk, and Indemnification Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant

Q40 Signature of Guardian, if Participant is Minor

\_\_\_\_\_

UNIVERSITY OF KENTUCKY CLIMBING WALL
Release of All Claims and Covenant Not to Sue

Notice: This is a legally binding agreement. By signing this agreement you give up your right to bring court action or recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the University of Kentucky Climbing Wall now or anytime in the future.

Acknowledgement of Risk

I hereby acknowledge and agree that wall climbing and the use of the University of Kentucky climbing wall has inherent risks. I have full knowledge of the nature and extent of all risks associated with wall climbing, including but not limited to:

- 1. All manner of injury resulting from falling off the climbing wall and impacting against the wall or floor.
2. Injuries resulting from being dropped to the floor during lowering on the rope, belaying and rope handling techniques.
3. Failure of ropes, slings, harnesses, climbing hardware, anchor points, or any part of the climbing wall structure.
4. I understand that helmets are provided free-of-charge for use while wall climbing, and that helmets are an important piece of safety equipment, which can reduce the risk of certain injuries. I understand that by choosing to not wear a helmet, I am exposing myself to an increased risk.

Release of All Claims and Covenant Not to Sue

In consideration of my use of the University of Kentucky Climbing Wall, I \_\_\_\_\_, the undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns HEREBY DO RELEASE University of Kentucky, its trustees, officers, agents, and employees from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence, which I, my heirs, representatives, executors and assigns may now have, or have in the future against the University of Kentucky on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the Climbing Wall, whether that use is supervised or unsupervised.

In consideration of my use of the Climbing Wall I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS the University of Kentucky, its trustees, officers, agents, and employees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my use of the Climbing Wall.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while using the Climbing Wall and that by this agreement I am relieving the University of Kentucky of any and all liability for such loss, damage, or death.

I further certify that I am in good health and that I have no physical limitations, which would preclude my safe use of the Climbing Wall.

I further certify that my present age is \_\_\_\_\_, I was born on \_\_\_\_\_ and I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement.

I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, after having carefully read the same, of my own free will. In witness whereof, this instrument is duly executed at Lexington, Kentucky, this day of \_\_\_\_\_, 20\_\_\_\_\_.

if student is 18 and older

climbing wall user's signature

climbing wall user's name, printed clearly

witness' signature

witness' name, printed clearly



**UNIVERSITY OF KENTUCKY CLIMBING WALL**

**Helmet Release Waiver**

I agree, on behalf of myself and/or on behalf of any minor children for whom I am responsible for, that there are inherent dangers involved with climbing activities and that I/we assume all risks associated with such activities. I/we realize that I/we are subject to injury from this activity. I/we further understand that the University of Kentucky safety Policies and Procedures require the use of and wearing of safety protective helmets, which could prevent injury to my/our head, including, but not limited to, permanent brain damage. Against the advise of the University of Kentucky I/we am refusing this critical safety precaution and thereby waive and release the University of Kentucky from any and all liability associated with my voluntary refusal to wear a safety helmet.

\_\_\_\_\_  
signature

\_\_\_\_\_  
name, printed clearly

**Parental of Guardian's Release of All Claims And Covenant Not To Sue**

The undersigned being the parent(s), guardian, or person having the care and custody of \_\_\_\_\_, do hereby consent that s/he may participate in the University of Kentucky Climbing Wall activities, and in consideration of the University of Kentucky, its trustees, officers, agents and employees permitting s/he to so participate, do hereby covenant and agree not to sue the University of Kentucky or its officers, or employees for any claim which may arise out of the Climbing Wall activity. BY SIGNING THIS DOCUMENT, IT IS OUR INTENTION TO EXEMPT AND RELIEVE THE UNIVERSITY OF KENTUCKY, ITS OFFICERS, AGENTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

Date: \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
signature of parent/guardian

\_\_\_\_\_  
name of parent/guardian, printed clearly

\_\_\_\_\_  
signature of parent/guardian

\_\_\_\_\_  
name of parent/guardian, printed clearly