

Participation Agreement for Minors

I, (Print Name of Minor's Parent or Legal Guardian) _____ hereby consent to (Print Minor's Legal Name) _____ (hereafter referred to as "the minor") his/her attendance and participation in _____, (insert name of Program/Activity) at Vanderbilt University Medical Center, occurring on/between _____ and _____ (insert program dates).

Permission to Participate and General Release

In exchange for allowing the minor to participate in this event or program, the minor by and through the undersigned, agrees to release from liability, indemnify, and hold harmless VUMC, its Board of Directors, employees, agents, volunteers, and/or assigns from any and all claims, demands, losses, expenses, actions or causes of action to the minor's person or damage to the minor's property which arises out of or occurs during or as a consequence of the minor's participation in the event or program, whether or not such injury or damage may have been caused, in whole or in part, by any negligence or want or care on the part of the VUMC, its Board of Directors, employees, agents, volunteers, and/or assigns.

Emergency Treatment Authorization

I authorize VUMC to provide routine first aid in case of illness or injury. If a parent or guardian cannot be reached, I give my permission for VUMC to authorize emergency treatment for my child. I acknowledge that any medical treatment will be my financial responsibility and not that of VUMC. I also hereby affirm that I have health insurance coverage for my minor child.

Emergency Contact

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Phone (1) _____ **Phone (2)** _____

Photo/Image Release

I grant permission for photos/images of the minor to be used by VUMC in any VUMC publication(s) and any other way VUMC deems necessary and appropriate to promote its activities and mission.

Acknowledgement

I, the undersigned, state that I am the parent/legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that that said minor cannot participate under ANY circumstances in the above specified event or program without parental consent and that the minor will not be allowed to participate without entering into this agreement. This document is binding upon myself, the said minor, and any person suing on behalf of said minor.

Parent's/Guardian's Printed Name and Signature (if under 18)

PRINT

SIGN

Date

VUMC Protection of Minors Provision: VUMC personnel adhere to Tennessee state law on mandatory child abuse. In addition to external reporting, VUMC has a mandatory internal child abuse reporting procedure. If you have reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a VUMC program, please consult the Program Director, or Risk Management (615-936-0660), or report via the VUMC Integrity Line at 866-783-2287. The Tennessee Child Abuse reporting hotline number is 877-237-0004.