

Cal Poly Pomona Aerospace Engineering/Rocketry Summer Camp INFORMED CONSENT AND RELEASE

I, [Full Name of Participant] _____, have elected to participate in the activity(s) described below after evaluating the associated risks identified to me. I hereby assume all risk of any kind of injury or damage I may receive or sustain as a result of my participation in this/these activity(s), including property damage, personal injury or death.

Accordingly, by signing this Statement, I hereby completely release and hold harmless and forever discharge the State of California, California State Polytechnic University, Pomona, the Trustees of the California State University System, the Cal Poly Pomona Foundation, Inc., and their officers, employees, representatives, agents and volunteers from liability or responsibility for any and all claims, damages, injuries, losses or cause of action that may result from or arise out of my participation in the described activity(s) below. This release shall be binding upon my heirs and assignees.

Type(s) of Activity: Aerospace Engineering/Rocketry Summer Camp at Cal Poly Pomona; classroom and laboratory sessions; off-campus field trip(s) (location(s) to be determined); voluntary and/or extracurricular activities that will occur during the five-day program such as recreational activities including, but not limited to, outdoor games and teambuilding exercises, walking tour of Cal Poly Pomona campus.

Location(s) of Each Event: California State Polytechnic University, Pomona, (Cal Poly Pomona) 3801 W. Temple Avenue, Pomona, CA 91768.

Description(s) of Each Event and/or Activity(s): Classroom instruction and laboratory exercises at Cal Poly Pomona; recreational activities at Cal Poly Pomona (as listed above); field trip by bus or van (location to be determined); walking tour of Cal Poly Pomona campus and other activities related to the Aerospace Engineering/Rocketry Summer Camp.

Date(s) of the Activity: July 23-27, 2018

Types of Risks involved with Each Activity(s): Field Trip: Transportation to and from location via bus or van. See additional list of Identified Risks of Participation (attached).

I understand all the items detailed above:

Name (Please Print): _____

Address & Phone Number: _____

Signature: _____ Date: _____

Emergency Contact Information:

Name: _____ Phone Number: () _____

Relationship: _____

Witness

Signature: _____ Print Name: _____

INFORMED CONSENT FORM – Field Trip or Event Participation
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Does the participant have any known food allergies? _____ Yes _____ No

If yes, please list: _____

Does the participant have any known allergies to medication? _____ Yes _____ No

If yes, please list: _____

Does the participant have medical insurance? _____ Yes _____ No

If yes, please provide the following information:

Insurance Company: _____

Name of Insured: _____

Group Number: _____

Does the participant have any medical conditions that would limit his or her ability to participate in recreational activities? _____ Yes _____ No

If yes, please list limitations: _____

Does the participant have any other known medical conditions? _____ Yes _____ No

If yes, please list medical conditions: _____

Any individual under the age of 18 who wishes to participate in the above activity MUST also have completed the following PRIOR to engaging in any activity listed above.

Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: _____

INFORMED CONSENT FORM – Field Trip or Event participation
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The participant should be notified about certain conditions regarding an event or various events over the quarter or academic year, in advance along with completing the “Informed Consent and Release” form prior to engaging in the activity(s). The following are some examples:

Identified Risks of Participation:

This list of potential risks related to this activity/event or the events listed on the form is intended to assist participants in evaluating the risk of participation and assumption of those risks through voluntary participation and agreement on the attached release. Additional risks, foreseen and unforeseen, common and uncommon, may also exist and are assumed through voluntary participation in this activity/event.

1. Accident
2. Incident mishaps
3. Personal injury or death
4. Acts of Nature/God
5. Illegal acts of others.

Responsibilities:

The Cal Poly Pomona Foundation, Inc (CPPF) is not responsible for lost stolen or damaged personal items. In all matters relating to the making of arrangements for services provided and transportation, the CPPF can assume no responsibility for and cannot be held liable for any personal injury, property damage or loss, accident, delay, inconvenience, or irregularity which may be occur either by reason of 1) any wrongful negligent acts or omissions on the part of suppliers, 2) any wrongful, negligent acts or omissions on the part of any employee or any of their suppliers, 3) any defect in or any failure of any vehicle, equipment or instrumentality owned, operated or otherwise used by any of the suppliers, or 4) any wrongful or negligent acts or omissions on the part of any other party not under the direct control or otherwise, of the CPPF.



CAL POLY POMONA

California State Polytechnic University, Pomona

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

The undersigned parent/guardian of _____, a minor, authorizes a Student Health Services Nurse of California State Polytechnic University, Pomona, as agent for the undersigned, to consent to any medical or surgical treatment, x-ray, anesthesia or hospital care that is deemed advisable, and is to be provided by any physician and surgeon licensed under the provisions of the Medical Practice Act. The diagnosis or treatment may be provided at the office of the physician or at a hospital or urgent care center.

This authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. It is given to provide authority to the above-named agent to give consent for diagnostic tests, treatment, or hospital care that a physician and surgeon may deem advisable.

The undersigned authorizes any medical facility, which has provided treatment to the minor, to surrender physical custody of the minor to the agent upon the completion of treatment.

- ☐ Consent given for this injury or illness only
- ☐ Consent given for any injury or illness until this minor is 18 years of age

Signature of parent/guardian

Student Health Services Nurse

Date

Student Health Services Nurse

Date

Mother/Guardian

()
Area Code Home Phone ()
Area Code Business Phone

OR

Father/Guardian

()
Area Code Home Phone ()
Area Code Business Phone

Student's Birthdate _____ Date of last Tetanus Booster _____

Allergies to Medication _____

Name of Private Physician _____ Phone () _____

Insurance Carrier _____ Policy # _____

FOR STUDENT HEALTH SERVICES USE ONLY

Telephone consent to treat above-named minor given by _____
Name and Relationship to patient

To _____
Student Health Services Nurse Date



College of the Engineering

**Aerospace Engineering/Rocketry Summer Program
School Photograph/Interview Permission Form**

Dear Parent/Guardian:

On occasion, representatives from California State Polytechnic University (Cal Poly Pomona) and/or other education-related groups wish to photograph and/or interview students in connection with school programs or events. The entire community benefits from knowing about programs such as the Aerospace Engineering/Rocketry Summer Program offered to children and families from around the state.

In order to release student photos and comments, we need written permission from you. To give your permission, please complete the form below and return it to the National College Resources Foundation representative at time of student enrollment in the program.

Sincerely,

Lisa Lucio

Program Associate, Emeritus

California State Polytechnic University, Pomona

I, _____, parent/guardian of _____
(please print) (please print)

give permission for my child to be photographed, videotaped, and/or interviewed by representatives from California State Polytechnic University, Pomona, and/or the Cal Poly Pomona Foundation, In., and/or other education-related groups for the purpose of publicizing the Aerospace Engineering/Rocketry Summer Program.

I fully relinquish all rights or interests in any film, tape, or photograph, which may be used for any legitimate purpose to inform the public of this program and/or to market this program to other appropriate groups.

Parent/Guardian Signature

Date

Student Photo and Interview Release Guidelines: All students enrolled in the Aerospace Engineering/Rocketry Summer Program at Cal Poly Pomona must have written permission on file prior to release of photographs or comments. In order to preserve the students' rights, we may, in some instances, require interviewers and photographers to take special precautions to preserve the identity of the students. Such precautions may include, but are not limited to, obscuring the photo of the student's face and using no name or only first names when quoting students.