

PLEASE READ CAREFULLY! ALL PARTICIPANTS MUST HAVE CONSENT OF PARENT/LEGAL GUARDIAN.

- Please print clearly and complete all fields of this form. Be sure to keep a copy of the completed form for your records.
- **Send the completed permission form and \$85 check made payable to Concordia University Chicago to:**
Office of Undergraduate Admission, Concordia University Chicago, 7400 Augusta Street, River Forest, IL 60305

Name of Participant: _____

Address: _____

Phone: _____ Phone Type (check one): Home Cell

Date of Birth: _____

Name of Emergency Contact: _____

Relationship to Participant: _____

Emergency Contact Phone: _____ Phone Type (check one): Home Cell Work

Does your child require special accommodations? If yes, please explain. _____

Student ID (for CUC office use only): _____

1. Permission to Participate and Compliance with Requirements

I hereby consent to the participation of my child in the Concordia University Chicago **Careers for Christ Fall 2023** Weekend (Activity) to occur from **November 3-5, 2023**. I have been advised and understand that my child may participate in activities that may involve additional risk and physical movements which may include, but are not limited to, on- or off-campus events and trips to off-campus dining and entertainment locations. Further, I have been advised and understand that my child will reside with current students in the residential hall facilities located at Concordia University Chicago in River Forest during Careers for Christ Weekend, and agree that my child must abide by all applicable policies and guidelines, including the Residence Life policies.

2. Insurance

I understand that I have a duty to provide primary accident and medical insurance for my child, and I declare that my child is currently covered by primary accident and medical insurance.

3. Emergency Medical Authorization

In the event of a medical crisis or other emergency, the designated university representative or Director of Public Safety (DPS), will rely on the information provided and will make best efforts to contact the Designated Emergency Contact.

In the event that the Emergency Contact cannot be reached to give consent, I hereby authorize the designated university representative to consent for me to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed necessary or advisable for my child by a licensed physician during the period in which my child is a participant in this Activity. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of Concordia University Chicago to give specific consent to the diagnosis, treatment or hospital care which is deemed advisable in the best judgment of a licensed physician.

4. Assumption of Risk and Release

In consideration of my child's voluntary participation in the Activity, I agree to assume and accept all risks arising out of, associated with, or related to my child's participation in the Activity and to be solely responsible for any injury, loss or damage which my child might sustain while participating in the Activity. I also acknowledge that I am aware of the possible risks, dangers and hazards associated with his/her participation in the Activity including but not limited to the following:

- a. The risks associated with travel to and from location(s) to be visited during the Activity, including transportation provided by commercial, private and/or public motor vehicles.
- b. The possibility of bodily injury incurred while transporting to, or participating in, the Activity.
- c. The risks associated with returning to my residence after the Activity.

5. Photography Release

I grant Concordia University Chicago and its assignees permission to produce and utilize my child's likeness for Concordia University Chicago promotional and editorial materials.

6. Acknowledgment

I, the undersigned, hereby acknowledge that I have read the foregoing and understand its contents.

Signed this _____ day of _____, 2023

Signature of Participant: _____

Printed Name of Participant: _____

Signature of Parent/Legal Guardian _____

Printed Name of Parent/Legal Guardian: _____