

**MEDIA ARTS INSTITUTE SUMMER JOURNALISM BOOT CAMP RELEASE AND WAIVER OF LIABILITY
/ EMERGENCY MEDICAL AUTHORIZATION / CONSENT**

Activity Title: Summer Journalism Boot Camp

Dates: July 22, 2013 - July 26, 2013, July 29, 2013 - August 2, 2013

In consideration for being granted opportunity to participate in the above activity, I, for my child, myself, my executors, administrators, heirs and assigns, agree forever to RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Media Arts Institute, its employees, volunteers, officers, board members, the University of Oregon, its Board of Trustees, officers, employees, agents, contractors, or volunteers (collectively referred to as "Released Parties"), for any and all personal injuries, death, loss of or damage to property, or any other damages whatsoever, from whatever cause, supervised or unsupervised, including but not limited to negligence, resulting from my participation in the above activities of Media Arts Institute and the University of Oregon (the "Institute/University"), including any transportation to and from any such activities.

I fully understand that this activity may be physically demanding and I am aware that it may involve hazardous activities and risk of serious personal injury or death. Injuries could include but are not limited to cuts, abrasions, sprains, strains, weather hazards, burns, extreme temperatures, and impact against objects. I, on behalf of myself or my child, am participating voluntarily in these activities with the knowledge and appreciation of the dangers involved and I, on behalf of myself or my child, voluntarily agree to accept and assume all risks of personal injury, death or any other damages or losses to my person or property. In the event that any claim arising out of or related to personal injury, death or damage to me shall be filed against any Released Parties, I shall indemnify and hold harmless Released Parties from and against any and all such claims, including attorney's fees, incurred in defense of such claims.

I understand that the Released Parties do not have medical personnel available at the Institute/University. In the event of illness or injury arising out of my or my child's participation in the above activity, I give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by employees of the Institute/University, or (2) the administration of any treatment deemed necessary by a licensed physician or dentist, and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I represent that I or my child have no allergy, physical impairment, or any other disability and that I am, or my child is, not taking medication, which allergy, impairment, disability or medication would preclude me or my child from participating in this activity. I understand and agree that in the event first aid or medical care should become necessary, I am fully responsible for any and all costs associated with the transportation to and provision of such care.

I UNDERSTAND AND AGREE THAT MY OR MY CHILD'S PARTICIPATION IN THE ACTIVITY IS VOLUNTARY. I FURTHER UNDERSTAND AND AGREE THAT PARTICIPATION IN THE ACTIVITY IS AT MY OR MY CHILD'S OWN RISK AND THAT THE INSTITUTE/UNIVERSITY IS NOT RESPONSIBLE FOR ANY INCIDENTS, INJURIES OR LOSS OF PROPERTY THAT MAY OCCUR.

I understand that my child may be photographed or videotaped while at the Institute/University. I give my consent and permission for both internal and external use of photographs or videos of my child for public relations, news articles or telecasts, education, advertising, research, inclusion on the Institute/University's website, fund-raising or any other purpose by the Institute/University and/or its affiliates and hereby waive any rights of

compensation for such use. I agree that all negatives and positives, whether prints, video, film or data file, are the property solely of the Institute/University, or the individual or entity designated by it.

I HAVE CAREFULLY READ THIS ENTIRE RELEASE, WAIVER OF LIABILITY, EMERGENCY MEDICAL AUTHORIZATION, AND CONSENT FORM AND I FULLY UNDERSTAND ITS CONTENTS. I HAVE SIGNED THIS FORM OF MY OWN FREE WILL AND I AGREE TO BE LEGALLY BOUND BY IT.

I represent and certify that my true age is at least 18 years old. (If under age 18, please have parent complete and sign lower section.)

Participant's Name (Please Print): _____

Participant's Signature: _____

Date: _____

In consideration of my child being permitted by Media Arts Institute and the University of Oregon to use its facilities and/or participate in any activity offered by the Institute/University, I, for my child, myself and our respective executors, heirs, assigns and administrators agree to the entirety of the release above. I represent and certify that my true age is at least 18 years old and that I have authority to execute this document on behalf of my child/guardian.

Child's Name: _____

Child's Age: _____

Parent or Legal Guardian's Name: _____

Parent or Legal Guardian's Signature: _____

Date: _____