



## MINOR PARTICIPATION FORM AND PHOTO RELEASE

I/we, the undersigned, request that East Carolina University (“the University”) allow \_\_\_\_\_, a minor under the age of 18, (referred to as “the Participant”) to participate in the following Activity: Art and Design Summer Camp (“the Activity”), to be held from June 14 through June 19, 2026.

In consideration of the Participant being permitted to participate in the Activity, I/we hereby release, forever discharge, covenant not to sue and agree to hold harmless and indemnify the State of North Carolina, the University and their respective governing boards, officers, agents, employees, volunteers, and any University students assisting with the Activity (collectively referred to as “Releasees”), from and against any and all liability for any harm, injury, damages, claims, demands, actions, causes of action, costs, and expenses of any nature, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Participant or by me/us and any property belonging to Participant or me/us, as a result of, or in any way connected with, Participant’s participation in the Activity, and even to the extent that Releasees were negligent.

I/we understand that there are no medical personnel at the location of the Activity or on the University campus. I/we grant Releasees permission to authorize emergency medical treatment for Participant, as deemed necessary by Releasees, and that I/we are solely responsible for any costs associated with such treatment.

I/we further authorize and give consent to the University and those acting pursuant to its authority, to use Participant’s name, photographs and/or likenesses of Participant, and record Participant’s voice (collectively referred to as “Recordings”) in connection with the Activity for any use that the University, in its sole discretion, deems appropriate, including, but not limited to, promotions and/or advertising. I/we further consent to any broadcast and reproduction of any Recordings without my/our prior notice or consent. I/we further understand that all such Recordings, in whatever medium, shall remain the sole property of the University, and that no compensation of any kind, monetary or otherwise, on account of or arising from the Recordings, will be forthcoming. On behalf of me/us and the Participant, I/we hereby waive any right to privacy in connection with the Recordings, and I/we hereby release, discharge, and agree to hold harmless Releasees from any claim, damages or liability whatsoever that arises from any and all uses of the Recordings.

I/we sign this **LIABILITY AND PHOTO RELEASE** in full recognition and of all of the dangers, hazards, and risks to Participant from participating in the Activity, which may include, but are not limited to, property damage and personal injury, including, but not limited to, cuts, bruises, sprains, strains, broken limbs, and/or death. I/we further agree that I/we assume all the risks associated with the Activity.

In signing this Liability and Photo Release, I/we acknowledge and represent I/we are fully informed of the content of this Liability and Photo Release by reading it before signing it and that this document has been signed of my/our free act and deed. No oral representations, statements, or inducements, apart from those contained in this Liability and Photo Release, have been made.

I/we further state that there are no health-related reasons or problems which preclude or restrict the Participant’s participation in the Activity, and the Participant has adequate health insurance to provide for and pay any medical costs that may result from injury to the Participant. If reasonable accommodations are required to participate in the Activity, I/we will contact University Disability Support Services at 252-737-1016.

I/we further agree that this Liability and Photo Release shall be construed in accordance with the laws of the State of North Carolina. If any term or provision of this Liability and Photo Release shall be held illegal, unenforceable, or in conflict with any law governing this Liability and Photo Release, the validity of the remaining portions shall not be affected. I/we agree that the courts of North Carolina shall be the sole forum for adjudicating any claim or dispute arising, directly or indirectly, from the Activity.

THIS IS A LIABILITY RELEASE OF LEGAL RIGHTS. PLEASE READ THIS DOCUMENT CAREFULLY, AS IT AFFECTS CERTAIN RIGHTS THAT YOU AND/OR THE PARTICIPANT MAY HAVE IF YOU AND/OR THE PARTICIPANT ARE INJURED OR OTHERWISE SUFFER DAMAGES IN CONNECTION WITH THE PARTICIPANT'S PARTICIPATION IN THE ACTIVITY.

I/we, further state that I/we are Participant's parent(s)/guardian(s), and am/are fully competent to sign this Liability and Photo Release, on behalf of ourselves(s) and the Participant.

(This Liability Release shall be valid and acceptable if signed by one Parent/Guardian, but it is requested that a second Parent/Guardian also sign if a second Parent/Guardian is available).

PARENT OR GUARDIAN

WITNESS

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

(Updated 9-2023. The original signed Liability Release shall be kept and maintained by the department or program sponsoring the Activity for no fewer than seven (7) years after conclusion of the Activity.)

## HEATH RECORD

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

Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Guardian \_\_\_\_\_

Address \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Program Dates: June 14, 2026 - June 19, 2026**

Check one:

**May participate in all Program activities**

**May participate except for:**

**Medical information pertinent to routine care and emergencies:**

Is the Participant taking prescription or over the counter medication(s)?  Yes  No

If yes, list medications:

Does the Participant have allergies?  Yes  No

Is yes, please explain:

Does the Participant have a special diet?  Yes  No

Is yes, please explain:

Does the Participant have special needs?  Yes  No

If yes, please explain:

**Print name of medical care provider:** \_\_\_\_\_

Medical care provider's address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of Health Insurance Carrier:  
\_\_\_\_\_

Group or Policy # \_\_\_\_\_

East Carolina University does not provide health insurance for Participants, and I understand that the Participant's medical expenses, property loss, or other personal expenditures that result during or from the Program, are to be borne by me and/or the Participant's health insurance provider.

**Consent to Emergency Medical Treatment.** The health history above is correct as far as I know, and the Participant has permission to engage in all Program activities noted by me and the examining medical practitioner. I grant East Carolina University, its officers, trustees, agents, employees, students, or volunteers ("Released Parties") permission to authorize emergency medical and surgical treatment for the Participant, as they deem appropriate. I understand and agree that the Released Parties assume no responsibility for any injury or damage that might arise out of, or in connection, with such authorized emergency medical treatment.

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

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

Date \_\_\_\_\_

## **CONDUCT AGREEMENT**

ECU's Art and Design Summer Camp desires to provide each Camper with the most enjoyable experience possible. While we understand that youth have a tendency to test the limits of acceptable behavior in many different situations, some behavior is simply not allowed, such as personally offensive language or statements, physical abuse, bullying, and stealing. Staff will work hard to be prepared for any situation, model positive behavior, communicate with young artists, and resolve conflicts before they become out of hand. When these proactive practices are not enough to prevent negative behavior, disciplinary action will be taken. The following steps are the general disciplinary procedures taken when a problem arises:

- Staff member will intervene immediately and discuss possible solutions to the problem with the Camper
- Staff, program director, and Camper will discuss solutions to the problem
- Phone call/consultation to parents/guardian concerning the problem
- Camper is sent home (one day suspension or suspended for the rest of the session)

### **FOR THE CAMPER:**

I will try my hardest to behave in a positive way. If I do not, I will accept the consequences of my actions.

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

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

### **FOR THE PARENT/GUARDIAN:**

I understand the entire behavior policy section and agree to pick up my child if his/her behavior warrants this end result. I will provide feedback to staff concerning attempts to better understand my child's behavior.

Name (please print): \_\_\_\_\_

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

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

Daytime Phone Number: \_\_\_\_\_

Staff will take every effort to better understand your child's behavior. We hope to develop a relationship with both you and your child. Your input into all issues is important to us. If you have any questions or concerns about any Art and Design Summer Camp-related topics, please contact our staff via the information provided.

## AUTHORIZATION TO PICK UP A CHILD

Name of Child/ren

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I hereby inform ECU Art and Design Summer Camp that the people listed below are authorized to pick up the above named child/ren at any time. Accordingly, ECU Art and Design Summer Camp is hereby instructed to release my child/ren into the care of the following people whenever they come to the Jenkins Fine Arts Center.

AUTHORIZED PICK-UP PERSON (must be a minimum of 18 years old unless special written arrangements are made).

Approved name	Relationship to child/ren	Phone Number
1.		
2.		
3.		

I understand that:

Parents/guardians must inform ECU Art and Design Summer Camp in writing when the name of the person listed above will pick up their child/ren. This policy applies when the child's normal pickup routine varies. Any person that picks up your child/ren maybe asked to provide a photo ID to the staff if they are not familiar with the person on the authorized pick-up list. This document shall remain valid until edited or rescinded in writing by the parent/guardian.

Authorized by:

Parent(s)/Guardian(s) Print Date

Parent(s)/Guardian(s) Signature Date