SUMMER PROGRAM HEALTH HISTORY & EMERGENCY CONTACT INFORMATION

In case your son or daughter requires emergency care, we ask that you complete this form in its entirety, including the box in the upper, right hand corner. This will help us to better serve your child should the need arise.

Program Title: Summer Engineering Camp for Middle School Girls

Dates of Program: June 10 — June 14, 2019

Medical History: (Use back if necessary)

1. Does your son/daughter have any existing illnesses? If yes, please describe.

2. Is your son/daughter taking any medications? If yes, please list and include dosages.

3. Does your son/daughter have any known allergies to drugs or medication? If yes, please list.

4. Is there any other pertinent medical history, which would help us in meeting your son/daughter’s needs? If yes, please explain.

Please list the names and telephone numbers of parents(s) and/or guardian(s) we can contact who are able to provide consent for treatment.

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<th>Parent/Guardian Name</th>
<th>Cell Phone or Home Number</th>
<th>Work Phone Number</th>
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Summer Engineering Camp for Middle School Girls 2019
Waiver & Release of Liability

I understand that my child, __________________________, will be a participant in The Ohio State University at Marion Summer Engineering Camp for Middle School Girls (“Camp”) on June 10, 2019 – June 14, 2019, and I grant permission for him/her to participate in this Camp program and associated activities.

I understand that my child is not required to participate in this Camp program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand program participants will be supervised and acknowledge that The Ohio State University and The Ohio State University at Marion (collectively, “Ohio State”) are not responsible for any potential injury or illness resulting from my child’s participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

In the case of serious illness or injury of my child, I understand that I will be contacted at the phone number I have listed below. If I cannot be contacted, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, officers, agents, and employees from any and all liability, damage, cost, and/or claim of any nature resulting from or arising out of my child’s participation in this Camp program and its activities, including those based in negligence.

By signing below, I acknowledge that I have read, understand, and agree to be bound by the foregoing Release.

__________________________  _________________________
Parent/Guardian Printed Name  Date

__________________________  _________________________
Parent/Guardian Signature  Parent/Guardian Phone Number
Photo Release

Date: __________________

I hereby grant to The Ohio State University permission to interview me and/or use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by The Ohio State University, in perpetuity, and for other use by The Ohio State University. I will make no monetary or other claim against The Ohio State University for the use of the interview and/or the photograph(s)/video.

Name (print full name): _____________________________________________

Signature: _____________________________________________________

Email address: ___________________________________________________

Relation to subject (if subject is a minor): ________________________________

Address: ________________________________________________________

City, State, Zip Code: _________________

Telephone: ______________________________________________________

Requested by: ___________________________________________________
Participant name: ________________________________

I hereby grant permission to Ohio State University and the STEMcoding project to use photos and videos of my child in promotional materials and/or videos that will be accessible to the public, the internet and in perpetuity.

I expressly release Ohio State University, Prof. Chris Orban and other participants in the STEMcoding project from any and all claims related to the use of my likeness, voice and name in media produced by persons affiliated with the STEMcoding project.

By signing below, I acknowledge that I have thoroughly read and understand this form.

Signature: ___________________________  Date: ______________

Print Name: _______________________________