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 Institute for High School Juniors and Seniors

Dates of Program: June 3 — June 6, 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 Institute for High School Juniors and Seniors 2019
Waiver & Release of Liability

I understand that my child, __________________________, will be a participant in The Ohio State University at Marion Summer Engineering Institute for High School Juniors and Seniors (“Institute”) on June 3, 2019 – June 6, 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.

I acknowledge that Ohio State will be providing transportation to and from the institute program site on June 4 - 6, 2019 for field trip activities. I accept all risks associated with my child’s travel and further acknowledge that I may not provide for my child’s transportation to or from the field trips on June 4 - 6, 2019 without advance permission from Ohio State.

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
The Ohio State University at Marion – Permission to Transport

I give permission for my child/charge (“child”) to be transported in a Marion City Schools' bus to an event on the dates indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult staff members.

Name of Child/Charge: ____________________________________________________________

Program Title: Summer Engineering Institute for High School Juniors and Seniors

Date of Program: June 4 - 6, 2019 ____________________________

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge The Ohio State University, its Board of Trustees, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child’s behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): ________________________________________________

Parent/Guardian Signature: ______________________________________________________________________

Date: ___________________
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: ______________________________