Waiver, Indemnification and Release agreement applies to any activity or action that takes place while my child or I am being transported to Willamette University Youth Programs: Math Circles, and is in effect at any time, I, or my child is present on campus or in any location associated with Willamette University Youth Programs: Math Circles.

F) The undersigned further expressly agrees that the foregoing waiver, indemnification and release agreement is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that, if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
Medical Treatment/Emergency Release  If my child is rendered incapable, I grant to Willamette University, its agents or officers, and any of its personnel full authority to take whatever action they feel is warranted under the circumstances regarding the participants’ health and safety. Willamette University's personnel will attempt to seek the direct participation of the undersigned where possible. This authority will permit the Willamette University representative, or other appointed official of Willamette University, at their discretion, in the event of injury or illness, to secure any necessary treatment for my child at any point for medical services, including hospitalization, injections, anesthesia or surgery and such medications as may be prescribed, when such treatment is recommended by a qualified physician or surgeon, or, if no hospital is available, to place my child in the hands of a local medical authority to transport my child at my own expense back to the program’s primary site for medical treatment if this is deemed necessary by the University personnel, in consultation with local medical authorities. I and my child agree to hold the University and its representatives harmless for any decisions or actions taken in relation to obtaining medical care for my child.

Acknowledgment of Understanding and Agreement
I have read this medical treatment/emergency release and waiver, indemnification and release agreement, and fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

___________________
Initial here

I give permission for my child’s photo and/or comments about the camp to be used by Willamette University Youth Programs, as long as he or she is not identified by name.

___________________
Initial here

Parent/Guardian Information
Signature: ________________________________

Print name of adult: ________________________________

Address: __________________City: ______State: _____ ZIP ______

Email: ________________________ Phone: __________________
    Where you may be reached during event

Participant Information
Name of Participant: __________________Age: _____ Birthdate: ______