



Parent/Guardian Approval and Field Trip Notification Nitro-X Summer Camp

Parent/Guardian Approval and Field Trip Notification

Dear Parent or Guardian,

Please read the following information carefully and sign below to indicate your approval for your child's participation in our camp and associated field trips.

Parent/Guardian Consent for Medical Treatment:

If your daughter/son or ward is under the age of 18 years while attending our camp, we require your consent for medical treatment. In case of illness or injury, if you cannot be reached, you hereby grant permission for medical treatment and transportation to treat the participant at an appropriate medical facility.

Acknowledgment of Risk:

As a participant in the camp, your child is subject to inherent risks associated with the activities. By signing below, you acknowledge these risks and agree to hold harmless and indemnify Nitro-X and the Minnesota State Colleges and Universities system, along with their officers, agents, and employees, from any liability, loss, damages, costs, or expenses incurred during the camp.

Notice of Field Trips:

Field trips are a part of Nitro-X Summer Camp. By signing below, you give your child permission to attend all scheduled field trips. These trips are essential for providing hands-on learning and exploration opportunities.

Please indicate your consent for your child to attend these field trips by checking the appropriate box:

- I give permission for my child to attend all scheduled field trips during Nitro-X Camp.
- I do not give permission for my child to attend the field trips.

Parent/Guardian Signature: _____

Date: _____

Child's Name: _____

Image Release and Waiver

I hereby grant the Board of Trustees of the Minnesota State Colleges and Universities (“Minnesota State”) and Nitro-X permission to reproduce my name, likeness, identity, voice, photographic image, videographic image, and oral or recorded statements (hereinafter “Recordings”) from [describe event] in any publication by Minnesota State and Nitro-X intended for [research, educational, promotional, fund-raising, or other related use, including webpages and web-based publications] - must be customized if other uses are contemplated.

By signing this form, I waive and release Minnesota State and its officers, agents, and employees, and Nitro-X from any claim or liability relating to the use of my name, likeness, identity, voice, photographic image, videographic image, and oral or recorded statements. I hereby waive any right that I may have to inspect or approve the finished Recordings. I understand that the Recordings and copyright will be the sole property of the Board of Trustees of the Minnesota State Colleges and Universities and Nitro-X.

I acknowledge that Minnesota State and Nitro-X will rely on this waiver and release in producing, broadcasting, and distributing materials containing my name, likeness, identity, voice, photographic image, videographic image or oral or recorded statements, and that I will receive no money or remuneration of any kind from Minnesota State or Nitro-X related to this waiver and release or the materials covered by this waiver and release. I further consent to the public release of the Recordings for the above-stated purposes, pursuant to the consent provisions of the Family Educational Rights and Privacy Act, 20 U.S.C. 1232 et seq., if applicable.

I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand the contents, meaning, and impact of this waiver and release, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children (if applicable).

Event Name: Nitro-X Summer Camp _____ **Camp Dates:** _____

Student Name: _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

If Under 18:

Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____