

Student's Name:

[Empty box for Student's Name]

University of California, San Francisco

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in

Upward Bound

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor	Date	Signature of Participant	Date
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Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, 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.

Signature of Parent/Guardian of Minor	Date	Signature of Participant	Date
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Student's Age (if minor) _____ Vol Waiver 7/01



University of California
San Francisco

Youth Treatment Authorization Form - Print all information clearly.

This Treatment Authorization Form is authorized for all UCSF UPWARD BOUND meetings and activities from August 1, 2019 through August 31, 2019. (Please Note: This information must be updated annually)

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Child's First Name

Child's Last Name

TO BE COMPLETED BY LEGAL PARENT/GUARDIAN

Legal First & Last Name _____

Home/Work/ Other phone: _____

EMERGENCY CONTACT INFORMATION: (Must be an adult other than the Legal Parent/Guardian)

First & Last Name: _____ Home/Work/Other Phone: _____

Relationship _____ Cell Phone: _____

While my child is attending or traveling to or from this UCSF UPWARD BOUND function, I HEREBY AUTHORIZE THE UCSF UPWARD BOUND ADULT VOLUNTEER OR UCSF UPWARD BOUND STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR: Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq. This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provide to my child.

AUTHORIZATION AND CONSENT AND RELEASE I hereby certify that my child is in good health and can travel to and participate in all functions of the UCSF Upward Bound Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting UCSF Upward Bound Office or staff.

Signature of Parent/Guardian

Date

NON-CONSENT I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian

Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the

collection, use, or release of personal data are available for your examination from the local UCSF County Director, UCSF UPWARD BOUND Advisor, UCSF Upward Bound Program.

Health History Information - Print all information clearly. (PAGE SUBMITTED TO AND RETAINED BY THE UPWARD BOUND PROGRAM) (please attach extra page if more space is needed)

_____/_____/_____
First Name Last Name County Date of Birth

Date of last Tetanus Vaccination: Not Sure None

Please check over-the-counter medications that may be administered:

Tylenol Ibuprofen Cough Syrup Decongestant Dramamine Antacid Polysporin Hydrocortisone Benadryl Other:

Please describe if the participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being below:

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify any allergies including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please list any additional assistance the youth will need in order to participate in this program or activity. Note: in some cases, a doctor’s note may be required to confirm the request.

	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth’s negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth’s current emotional state?		

Please explain any “Yes” answers on this page.