

BELLIN COLLEGE EVENT/ACTIVITY RELEASE

(This form is used for non-matriculated participants)

Participant's Name: _____ Birth Date: _____ Gender: _____

Name on Name Tag (PRINT): _____

Address: _____
Street City State Zip

Parent/Guardian Name: _____ Parent Email: _____

Parent/Guardian Phone: _____ Emergency Contact Alt Phone: _____

It is understood that the parent/guardian will provide/be responsible for transportation to and from the event/activities. Bellin College will provide transportation during the event.

Please list transportation plans (select one option).

- ☐ The student will be driving themselves to and from the event and will keep the vehicle on campus.
(Must provide license plate#: State: _____ License #: _____)
- ☐ The student will be driven to the event and picked up at Bellin College.

II: Participant's Health Status:

No	Yes	Food Allergies: If yes, list _____
No	Yes	Medication Allergies: If yes, list _____
No	Yes	Diabetes
No	Yes	Fainting/Dizzy spells
No	Yes	Heart condition
No	Yes	Asthma
No	Yes	Seizure disorder
No	Yes	Other: _____

III. Participant's Medications:

If the participant takes prescription medication, please list below:

Name of medication	Dose/Administration instructions	Reason for why medication is needed

III. Immunization dates (only required for Summer Camps):

*Td and MMR are required for participation. Covid-19 is NOT required, but please list the dates if the participant received vaccinations. If you do not have these immunizations, please contact admissions@bellincollege.edu. Immunization records can be found through the WI Immunization Registry (WIR) or through the student's primary care provider.

Covid-19: _____, _____ MMR (measles, mumps, rubella): _____

Tetanus/diphtheria (Td): _____, _____

IV. EMERGENCY AND NON-EMERGENCY MEDICAL AUTHORIZATION and LIABILITY RELEASE

I hereby authorize Bellin College staff to provide non-emergency care to my dependent as needed. In the event of an emergent situation while my dependent is attending the Bellin College event, I authorize Bellin College staff to provide the following:

- Medical care will be given at the nearest facility when the student is participating in Bellin College event/activities.
- Bellin College can provide transportation as needed to attend activities.
- I certify that my dependent can be responsible for their medications.

I certify that to the best of my knowledge the above information is true and correct, and the dependent can safely participate in the Bellin College event/activities. Furthermore, as parent/guardian of a participant, I hereby state that I am aware of and accept the risk inherent in the program activity. I do hereby agree to hold harmless and indemnify the Bellin College Board of Trustees, Bellin Health System (Emplify) and Bellin College, their officers, agents, and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent during the event.

Signature of Parent/Guardian: _____ Date: _____

Address (if different than participant): _____

Professional Appearance and Safety Requirements:

For the safety of patients and participants, please follow these guidelines during your shadow experience: Long hair must be secured and kept away from the face and shoulders. Body piercings (eyebrow, lip, nose, and tongue) should be removed or covered. Only post earrings and medical alert bracelets may be worn. Clean, closed-toe shoes are required. Please do not wear perfumes, colognes, or other scented products, as they may cause discomfort for patients with sensitivities.

Photography/Media Release Form (Minor Child - under 18)

Please check: ☐ I grant permission ☐ I do NOT grant permission (NOTE: It is the student's responsibility to notify the photographer (Bellin College or contracted) of this decision at each occurrence.)

to Bellin College and its employees or representatives, to take and use photographs, videotape, and digital images of my dependent; or to interview my dependent and use their comments and/or quotations, for use in promotional or educational materials pertinent to the college as follows:

- In printed publications or materials, including local, state, and national publications
- In electronic publications or presentations
- On the Bellin College website (www.bellincollege.edu) and social media channels

I understand that my dependent's identity will not be revealed in descriptive text or commentary in connection with the images/quotations. I authorize the use of these materials indefinitely without compensation to me or my dependent. All prints, digital reproductions and videotape shall be the property of Bellin College.

I hereby release Bellin College and its employees and representatives of all claims arising from or in connection with the use of my likeness. I authorize the use of these images/quotations indefinitely without compensation to me. All prints, digital reproductions and videotape shall be the property of Bellin College.