

**GEORGE MASON UNIVERSITY EARLY IDENTIFICATION PROGRAM
RISK ASSESSMENT AND RELEASE FORM**

Student's name (please print) _____

The purpose of this memorandum is to inform you of certain risks and responsibilities that you will be assuming as a participant in The Early Identification (EIP) & Higher Education Program (HEP). George Mason University's role in this program is primarily to facilitate its organization. The university is not a tour agent or tour promoter.

I. RISKS AND DANGERS

There are the normal dangers found in any type of travel and outdoor activities including, but not limited to, transportation delays or accidents, insect bites, victimization by criminal activity, and illness. Please consider these risks and dangers carefully before deciding to continue with the trip. **Please initial here to indicate that you have read and fully understand this paragraph:** _____.

II. ADMINISTRATIVE INSTRUCTIONS AND INFORMATION

- a. The Early Identification /Higher Education Program has provided you with information concerning date, time, and venue of event(s) during the parent/student meeting held at the beginning of the school year. Prior to your departure for event(s), the Early Identification /Higher Education Program will provide you with information concerning the trip. You are urged to pay careful attention and follow any instructions very carefully.
- b. Transportation to and from George Mason University will be the responsibility of Arlington, Fairfax, Fall Church City, Manassas Park, Manassas City, and Prince William County Public Schools. EIP/HEP students are permitted to ride **only** the busses provided by their own school district.
- c. TRIP LEADER: EIP staff will be accompanying students and acting as facilitator in making these arrangements. EIP staff are facilitators only and are not responsible for the scheduled activities.

III. HEALTH INSURANCE, EMERGENCY INFORMATION, AND AUTHORIZATION

- a. Students (parent or legal guardian) are responsible for providing their own health insurance.
- b. The following person should be contacted in case of emergency

Name: _____ Relationship: _____

Address: _____ City, State Zip _____

Telephone: _____

- c. If you become injured or ill while participating in the activity, you authorize EIP staff to act on your behalf in obtaining medical treatment. Please be advised that you are fully responsible for all expenses incurred for any medical care you receive during the program.

IV. RELEASE AND WAIVER

George Mason University assumes no responsibility or liability for any injuries to your person or property caused by the acts or omissions of others during transportation.

By signing this form, you are acknowledging that you have been informed about certain risks and responsibilities involved in this program and that you are knowingly and voluntarily assuming them.

By signing this form you also agree, for yourself, your heirs and assigns, to release and hold harmless George Mason University, its employees and agents, from any legal claim or liability for any bodily injury and property damage that is caused to you by the negligent act or omission of third parties while you are participating in the program.

While participating in the Early Identification and/or Higher Education Programs, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Student's Signature _____ **Date**

If the participant is under 18, a parent or legal guardian must also sign.



Parent's or Guardian's Signature _____ **Date**


Please fill out both sides of form!

George Mason University
Authorization for Medical & Emergency Treatment For a Minor

I, _____, hereby authorize George Mason University Student Health
(Parent or Guardian)
Services to render medical treatment, which in his/her judgment may be deemed necessary in the case of

(Name of minor or dependent)

- Student's **Allergies**: _____ 
- Medical History (i.e. Diabetes, Asthma, Seizures, etc.): _____
- List any **Medications** that the student is currently taking: 

- Date of last **Tetanus Booster**: _____ 
- Parent or Guardian Name: _____

Home Phone Number: _____ Work Phone: _____

Address: _____

- Person to call in case of an emergency, and phone number, if different than above:
Name: _____ Phone number: _____
- Student's Doctor's Name: _____
- Doctor's phone number including area code: _____

(Parent or Guardian Signature)

Insurance Information

Insurance Company _____

Policy No. _____ Group No. _____

Mailing address for claims:

Subscriber's Name:

Subscriber's Address and Home Phone Number:

Employment Address and Phone Number:

Please fill out both sides of form!