Participant Agreement and Code of Conduct

Western New England University strives to provide a safe, secure, educational and fun environment for our summer programs. Participants should properly conduct themselves at all times during the course of the program. If an incident occurs in which a participant exhibits unacceptable behavior, they will be given a first warning and parents will be contacted. Upon a second offense, the participant will be subject to removal from the program. Behaviors that are not acceptable (verbal or physical abuse, bullying, foul language, theft, etc.) are determined at the discretion of the University.

To participate in this program, the participant and their parent or guardian agrees to abide by the following terms as a condition of participation in said program.

- For all programs, please notify in advance of absences.
- We recommend that you not bring valuables with you to campus. Western New England University is not responsible for lost or stolen items.
- Cell phones may NOT be used during instruction periods of summer programs. Calls to coordinate pick-up/drop-off may be made at the conclusion of or prior to the beginning of the program.
- Participants may not have vehicles on campus without prior permission and advanced parking arrangements.
- If you are sending medications with your student, they MUST be in the ORIGINAL packaging, with the prescribing physician and dosage listed. If your child has an EpiPen or Inhaler, they may carry it with them.
- In accordance with the Drug Free Schools and Communities Act Amendment of 1989, Western New England University prohibits the unlawful possession, use and/or distribution of illicit drugs and alcohol on its property and/or as part of its activities policy. Offenders are subject to local, state and federal law as well as disciplinary action by Western New England University. If drugs or alcohol are found, the participant will be sent home immediately without a refund.
- Participant agrees to comply with Western New England University acceptable use policies for computer access and usage.
- Western New England University will not tolerate indecent assault, abuse, rape or other forms of forcible or non-forcible sexual offense and any reported criminal activity will be referred to law enforcement officials.
- Participants are financially responsible for any damages to campus facilities.

Participant’s Printed Name ________________________________________________________________

Participant’s Signature __________________________ Date __________________________

Parent/Guardian’s Signature (If under 18) __________________________ Date __________________________
Assumption of Risk, and Waiver of Liability for Participation in Western New England University Summer Enrichment Program

In consideration of being permitted to participate in the Summer Enrichment Program at Western New England University, I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent with the program to which I may be exposed to during the program and in preparation, do hereby assume all the risks and responsibilities surrounding my participation in this program or any activities undertaken adjunct thereto.

I should not engage in the Activity unless I am alert and observant, which I represent myself to be. I assume any and all risks associated with the Activity including, but not limited to, falls, personal injury, collision with other persons, the effects of weather, and any other injury that could result from all such risks being known and appreciated by me.

I attest that I am sufficiently physically fit to participate in this Activity and understand the possible risks of being permitted to participate in the Activity described above.

Further, I do for myself, my heirs, my assigns, and/or personal representative(s) hereby agree to defend, hold harmless, indemnify, release, and forever discharge Western New England University, its successors, assigns, and other legal representatives, and all its officers, trustees, agents, and/or employees, from and against any and all claims, demands and actions, or causes of action, on account of damage to my personal property, personal injury, or death, which may result from my participation in this program, even though the claim or liability may arise out of the negligence or carelessness on the part of the University, or any third person, whether foreseen or unforeseen, known or unknown.

This Release and Waiver of Liability is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Massachusetts, and if any portion thereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect.

I hereby grant WNEU permission to authorize emergency medical treatment, if deemed necessary by WNEU. I understand that WNEU assumes no responsibility or liability for any injury or damage which might arise out of or in connection with such authorized medical emergency treatment and further state I have adequate health insurance necessary to provide for and pay for any medical costs that I may incur during or arising from my participation in this activity.

I have read this release and waiver of liability, assumption of risk and indemnity agreement and medical consent, and understand its terms. I have signed it freely and voluntarily without any inducement or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I also declare that I will take all necessary and/or recommended precautions to ensure my own person against physical and/or mental injury and property loss or damage. This includes, but is not limited to, following printed or verbal instructions given by the Activity leader(s).

Participant’s Printed Name ___________________ Participant’s Signature ___________________ Date ______________

Parent/Guardian’s Printed Name (if under 18) ___________________ Parent/Guardian’s Signature (if under 18) ___________________ Date ______________
Authorization for Medical Treatment

In consideration of being permitted to participate in the Summer Enrichment Program at Western New England University, in Springfield, Massachusetts and in order that I may receive the necessary medical treatment in the event of an emergency whereby I may sustain injury or illness during participation in the Activity, I authorize any Western New England University official to consent to and obtain necessary treatment or hospital care for such an injury or illness during the Activity and I hereby release, discharge, indemnify and agree to hold Western New England University, its successors, assigns, and other legal representatives, and its trustees, officers, employees, agents or servants harmless in the exercise of its authority. I further hereby acknowledge that neither Western New England University, nor any of the persons named above have any obligation to seek such treatment.

Should the need arise, the following information may be given to any health care provider:

PARTICIPANT:

NAME: ________________________________

PERMANENT ADDRESS: __________________________________________________________

EMERGENCY CONTACTS:

NAME: ________________________________

PHONE: (___) ___________________ (___) ___________________

Daytime                                      Cellular

NAME: ________________________________

PHONE: (___) ___________________ (___) ___________________

Daytime                                      Cellular

PARTICIPANT'S REGULAR PHYSICIAN

NAME: ________________________________

PHONE: (___) ___________________

I have read and understood the above Authorization for Medical Treatment:

________________________________________________________________________

Participant’s Printed Name

________________________________________________________________________

Participant’s Signature                               Date

________________________________________________________________________

Parent/Guardian’s Printed Name (If under 18)

________________________________________________________________________

Parent/Guardian’s Signature (If under 18)                           Date
Western New England University
Photography Release

I hereby authorize Western New England University (hereinafter “University”) and those acting pursuant to its authority to:

a. Photograph me and/or record my voice or likeness on a video, audio, photographic, digital, electronic or any other medium; and

b. Use my name in connection with these recordings; and

c. Use, reproduce, exhibit or distribute in any medium (e.g., print publications, video tapes, CD-ROM, Internet/WWW) these recordings or photographs for any purpose that the University deems appropriate, including promotional or advertising efforts.

I release the University from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand that the terms of this release will apply to my child/dependent in regard to the 2020 Summer Enrichment Program at Western New England University from August 3, to August 14, 2020.

_________________________________
Participant’s Printed Name

_________________________________  ______________
Participant’s Signature    Date

_________________________________
Parent/Guardian’s Printed Name (If under 18)

_________________________________  ______________
Parent/Guardian’s Signature (If under 18)  Date