

THE ONE YEAR ADVENTURE NOVEL

2016 Summer Workshop

WAIVER AND EMERGENCY FORM

WAIVER

I/We have read the event information on the website (OneYearNovel.com/events/summer-workshop/) and hereby grant permission for

(Student full name)

to participate in the 2016 *One Year Adventure Novel* Summer Workshop.

- I/We the undersigned, hereby release and discharge Daniel and Carrol Schwabauer and Clear Water Press and its/their officers, directors, agents, representatives and employees (collectively "HOSTS") from any and all liability arising out of, or in connection with, the aforementioned Summer Workshop (hereafter "event"). For the purposes of this agreement, liability means any and all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against HOSTS, because of or arising from any death, personal injury or illness regarding Student, or because of any loss or damage to property that occurs and results from any cause other than the gross negligence of HOSTS.
- I/We understand that as a parent/guardian, I am/We are welcome to attend the event as a non-participant. I will pay the additional cost of my meal(s) if I eat at the MNU cafeteria. Seating is limited and preference will be given to paying/participating students. I/we understand that I/we may not be able to attend individual sessions if seating is unavailable.
- I/We understand that we are responsible for all transportation to and from the event, unless I/We pay for the airport shuttle service.
- I/We understand the HOSTS expect each Student to act in a mature manner with no roughhousing or other inappropriate behavior.
- I/we will respect the property of MidAmerica Nazarene University. My Student will speak respectfully to everyone involved.
- I/We understand the HOSTS are not responsible for my or my Student's personal belongings, including clothing, books, laptop computers, iPods, etc.
- I/We understand that I am solely responsible for the welfare and behavior of my Student, and agree that if my student violates this agreement he or she may be sent home at our expense.
- I/We agree not to videotape or record any portion of the workshop (audio or video) without prior written consent, including through the use of a cell phone or other electronic recording device.
- In the event of any perceived or actual illness or injury to Student, I/We hereby consent to whatever X-ray, examination, anesthetic, medical, dental, or surgical diagnosis

THE ONE YEAR ADVENTURE NOVEL

or treatment and/or hospital care deemed necessary for the safety and welfare of the Student.

- It is understood that the resulting expenses will be the responsibility of the parent or Student.

EMERGENCY

Emergency contact #1 phone number: _____

Relationship of **emergency contact #1** to student: _____

Emergency contact #2 phone number: _____

Relationship of **emergency contact #2** to student: _____

In case of medical emergency, please provide:

Name of insurance company: _____

Name of policy holder: _____

Policy number: _____

Does your student have any **pre-existing health concerns** that Clear Water Press staff should be aware of? If so, please list them here:

Is your student on any **prescription medications** that Clear Water Press staff should be aware of? Yes No If yes, please list them here:

I understand that it is **my responsibility to insure that my student continues taking their medication** while attending the 2016 OYAN Summer Workshop.

This agreement cannot be changed or altered orally.

x _____
Signature of student

Print name

x _____
Signature of parent/legal guardian

Print name

Facsimile signature shall be deemed originals for purpose of this agreement.