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**GIRLHOOD REMIXED; GIRLS TECH CAMP PARENT INFORMED CONSENT.**

EVENT TITLE: Girls Tech: Girlhood Remixed Camp

NMSU SPONSORING UNIT: Interdisciplinary Studies Department

LOCATION OF THE EVENT: Clara Belle Williams Hall 229 & 121

PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(print name)*

PARTICIPANT AGE AT THE TIME OF SIGNING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(if minor)*

NOTE: PLEASE SIGN ALL SIGNATURE SECTIONS WITH A PEN AND SEND THE DOCUMENT VIA EMAIL AS A PDF. THANK YOU.

**Photography and Filming Consent Form**

Girlhood Remixed Technology Camp offers young women of southern New Mexico access to digital tools not only to help them grow interests in technology, but also to allow them to grow as valuable members of their communities by exploring what it means to be a girl today. So we can celebrate accomplishments of the week as well as showcase materials created to draw potential funders, it can be useful to share the work created by campers.

For similar reasons, we plan to take photographs and videos of Camp activities.This documentation will allow us to share experiences from this Camp with future campers, potential funders, and teachers and scholars interested in organizing similar workshops in their communities.

**Campers’ Information:** For those who have given permission, the camp director and coaches will collect videos, images, and work created during the Camp. Updates and news about the Camp will be posted on the camp website, which might be used for recruiting purposes.

**Participation in Sharing Images or Work is Voluntary:** Granting permission for campers’ images, work, and videos to be shared is voluntary and will not affect the campers’ ability to participate in the Girlhood Remixed: Girls’ Tech Camp or any related events.

If you have any questions about the possible future use of camper work, please contact Mavis Beckson via email: beckson@nmsu.edu.

Thank you for your consideration,

Mavis Beckson

**Consent Form: Photo and Work Release**

**Camper Information**

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_ Hometown: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade in School 2018-19: \_\_\_\_\_\_\_\_

School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature for Parental Consent**. Please choose whether you wish to grant permission for your child’s image to be taken and your child’s work to be shared. There are three options for consent: [1] grant permission to use images and works with names/ identifying information [2] grant permission to use images and works with no name and no identifying information, or [3] do not grant permission for either.

Please sign and date only **one choice** of consent.

**Consent Option 1**

I grant permission to share my child’s image and work with their name and identifying information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/guardian signature) (Date)

**Consent Option 2**

I grant permission to share my child’s image and work without their name or identifying information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/guardian signature) (Date)

**Consent Option 3**

I do not grant permission to share my child’s image and work.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/guardian signature) (Date)

MEDICAL ISSUES AND TREATMENT:

In addition to signing this document, a custodial parent or legal guardian must also complete NMSU’s Medical Information and Treatment Authorization form (separate document). This document will enable NMSU to promptly obtain medical treatment if your child should become ill or injured during the course of the Event. Should illness or injury occur, NMSU will notify you as soon as is reasonably possible, and unless the need for treatment is urgent, will ask you to retrieve your child and make arrangements for treatment as you deem appropriate. You agree to promptly retrieve your child if you are notified of an apparent illness or possible injury.

No Participant may attend any programs, events, camps or retreats for minors, sponsored by New Mexico State University (NMSU), prior to the completion of this form by a custodial parent or a legal guardian. Additional pages may be attached if needed.

**Participant Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Name: | |  | |
| Name of Custodial Parent(s) or Legal Guardian: | |  | |
| Physical Home Address: | |  | |
| Local Address (if different): | |  | |
| Participant Phone No.: | |  | |
| Age: |  | Birth Date: |  |

**Emergency Contact Information:**

|  |  |
| --- | --- |
| Emergency Contact Name: |  |
| Phone Numbers: |  |
| Alternate Emergency Contact: |  |
| Phone Numbers: |  |

**Personal Physician (Primary Care) Information:**

|  |  |
| --- | --- |
| Physician Name: |  |
| Phone Numbers: |  |

**Health Insurance:**

|  |  |
| --- | --- |
| Insurance Company Name: |  |
| Name of Policy Holder: |  |
| Identification No.: |  |

**Participant’s Immunizations:**

|  |  |
| --- | --- |
| List immunizations which are not current: |  |
| Date of most recent Tetanus vaccination: |  |

**Participant Medical Background**

|  |  |  |
| --- | --- | --- |
| Special services required due to physical or medical condition: |  | |
| Restrictions on physical activities: |  | |
| Medications (prescription and over the counter) currently taken, including dosage and frequency: |  | |
| Describe any assistance needed with medication management: |  | |
| Vision – does Participant utilize glasses or contact lenses? |  | |
| Dietary Restrictions: |  | |
| Allergies (medications, foods, insects, plants): |  | |
| Medical History – mark any that apply to participant. | Heart Disease \_\_\_Yes  Epilepsy \_\_\_Yes  Diabetes \_\_\_Yes | Asthma \_\_\_Yes  High Blood  Pressure \_\_\_Yes |
| Other medical information of which NMSU should be aware: |  | |

By signing below, I represent that I am a custodial parent or legal guardian of the Participant indicated above, who is under the age of 18, and that the information provided above is accurate. My signature also represents my permission for treatment by a licensed physician (if medical treatment is deemed necessary by the physician) and my acceptance of complete financial responsibility for all medical services rendered to the Participant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent or Legal Guardian

**Emergency Contact Information**

In case of emergency, Camp Director Mavis Beckson has my permission to seek medical attention for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please provide the following emergency care information for your camper:

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies or medical conditions your camper experiences that we should be aware of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NMSU YOUTH PROGRAM**



**INFORMED CONSENT AND**

**ASSUMPTION OF RISK DECLARATION**

EVENT TITLE: Girls Tech: Girlhood Remixed Camp

NMSU SPONSORING UNIT: Interdisciplinary Studies Department

LOCATION OF THE EVENT: Clara Belle Williams Hall 229 & 121

PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(print name)*

PARTICIPANT AGE AT THE TIME OF SIGNING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(if minor)*

EVENT ACTIVITIES

The event listed above will include the following activities:

1. Physical activity such as walking between rooms.
2. Photography or video filming of participants (can choose whether to allow, with or without name of your child).

ASSUMPTION OF RISK:

The event and activities as described above have certain inherent risks. While it is impossible to predict with certainty all of the potential risks that may be encountered, you should be aware of the risks specifically described below. Your signature on this document indicates that you have made the determination that your child has the maturity and ability, physical and mental, to safely participate in the activity (with or without disability accommodation). Your child’s participation is voluntary and by allowing your child to participate, you are acknowledging that the risks of this activity are acceptable to you. You understand and acknowledge that NMSU does not provide medical insurance for participants and that you will be financially responsible for any injury or illness occurring during the event.

POSSIBLE RISKS:

* The carelessness or dangerous actions of other participants in this activity.
* The hazards of unpredictable weather conditions and natural disasters.
* Participant’s disregard of instructions or directives, or failure of participant(s) to be attentive to instructions and rules.
* Ordinary injuries inherent in the physical activity of walking.
* Illnesses associated with close contact with other participants and event supervisors.

MEDICAL ISSUES AND TREATMENT:

In addition to signing this document, a custodial parent or legal guardian must also complete NMSU’s Medical Information and Treatment Authorization form (separate document). This document will enable NMSU to promptly obtain medical treatment if your child should become ill or injured during the course of the Event. Should illness or injury occur, NMSU will notify you as soon as is reasonably possible, and unless the need for treatment is urgent, will ask you to retrieve your child and make arrangements for treatment as you deem appropriate. You agree to promptly retrieve your child if you are notified of an apparent illness or possible injury.

**DECLARATION OF PARENT OR LEGAL GUARDIAN**

By signing below, I represent that I am a custodial parent or legal guardian of the Participant indicated above. In consideration of the opportunity to participate in the Event that NMSU is providing, and on behalf of my child (or ward), I give my consent for my child (or ward) to participate, and on behalf of my child, I ASSUME ALL RISKS that relate to my child’s participation in the Event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Date

**NEW MEXICO STATE UNIVERSITY NON DISCRIMINATION STATEMENT.**

New Mexico State University (NMSU) is dedicated to providing equal opportunities in our employment and learning environments. NMSU does not discriminate on the basis of age, ancestry, color, disability, gender identity, genetic information, national origin, race, religion, retaliation, serious medical condition, sex (including pregnancy), sexual orientation, spousal affiliation or protected veteran status in its programs and activities as required by equal opportunity/affirmative action regulations and laws and university policy and rules.