



**CLEVELAND STATE UNIVERSITY
RELEASE AND WAIVER OF LIABILITY
CONFUCIUS INSTITUTE SUMMER IMMERSION CAMP 2014**



Please sign this form and include it with your program registration materials and payment.

In consideration for being allowed to participate in the Confucius Institute Summer Immersion Camp 2014 camp activities, participants must have their participation authorized by a parent or other legal guardian with authority to release all sponsoring and hosting parties from any liability for claims of negligence, injury, illness, damages, or economic loss suffered because of participation in these activities, including travel to, from, and during activities and to accept all risks of participation..

I, the undersigned, am the parent/legal guardian of the below listed participant, and I agree, in consideration for allowing my child to participate in the camp activities, to release and hold harmless the State of Ohio, Cleveland State University ("CSU"), the CSU Board of Trustees, Cleveland State University Foundation, together with their trustees, officers, employees and agents, the Confucius Institute at Cleveland State University, and all affiliated partner organizations ("Camp Sponsors") from any and all liability, claims, demands, suits, costs, and charges, both on my own and the participant's behalf. I understand and acknowledge that participating in camp activities involves known and unknown risks, including but not limited to RISK OF PERSONAL PROPERTY DAMAGE, BODILY HARM, INJURY, or ILLNESS. I further understand and acknowledge that my child and I assume all risk from participation in camp activities, including travel to, from, and during camp activities. I consent to my child participating in camp activities, and accept full responsibility for the obligations and acts of the participant.

I hereby represent that my child has no physical restrictions that would prohibit his/her participation in the Confucius Institute Summer Immersion Camp 2014 camp activities including but not limited to martial arts, paper cutting, hide and seek, and Diabolo. Cleveland State University officials have my permission to have a physician or bona fide emergency medical officials attend to my child if deemed necessary during this program. I also agree to pay for any emergency treatment and transport.

I agree that if any term or provision of this Release and Waiver of Liability ("Release") is held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall remain in full force and shall not be affected. I further agree that this Release shall be construed in accordance with the laws of the State of Ohio.

I have read this entire Release and I fully understand it and I agree to be legally bound by it. I understand that I sign this Release as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further state that I am at least eighteen years of age and fully competent to sign this Release; and that I execute this Release for full, adequate, and complete consideration fully intending to be bound by the same.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Guardian Signature: _____

Guardian Name (print): _____

Participant Name (print): _____

Date: _____

Permission to Use Photographic Likeness/Release
Event: Confucius Institute Summer Immersion Camp 2014

Please Check One:

_____ YES, I agree that my child may be photographed while participating in the Confucius Institute Summer Immersion Camp 2014. These photographs will be the property of Cleveland State University and the Confucius Institute at Cleveland State University and may be used in future publications and marketing literature, in print or electronically, without compensation. I hereby forever release Cleveland State University, its Board of Trustees, agents, officers, and employees and the Confucius Institute at Cleveland State University from any and all claims, demands, and causes of action arising out of, related to, or in connection with the copyright, publication, distribution, or use of such photographs.

_____ NO, my child may not be photographed.

Parent/Guardian Signature: _____

Parent/ Guardian Name: _____

Participant Name (print): _____ Date: _____



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CONFUCIUS INSTITUTE
AT CLEVELAND STATE UNIVERSITY



CONFUCIUS INSTITUTE SUMMER IMMERSION CAMP 2014
K-6 REGISTRATION



PARTICIPANT INFORMATION

Name of Participant: _____ Participant's Age: _____

Participant's School: _____ 2013-2014 Grade Level: _____

Participant's Gender: _____ Summer Camp Location: _____
Cleveland (7/28-8/1) / Westlake (8/4-8/8)

PARENT/GUARDIAN CONTACT INFORMATION

Name: _____

Street Address: _____

City, State, ZIP: _____ County: _____

Daytime phone: (____) _____ Evening phone: (____) _____

Email: _____

REGISTRATION AND PAYMENT INFORMATION

- Summer Immersion Camp - \$120
- 8am-9am Before Care (5 days) - \$25
- 3:30pm-5am After Care (5 days) - \$25

TOTAL: \$ _____

Please make payment in full **by check** made payable to **The CSU Foundation**, listing "**Confucius Institute**" in the memo field. For more information or questions regarding the registration process, please contact Li Wang at l.wang21@csuohio.edu or via phone at 216.523.7127.

All registration documents, including the Release and Waiver of Liability, Permission to Use Photographic Likeness/Release, Pickup Release and Emergency Information forms, must be returned with payment by **April 30th, 2014**. Please mail or deliver all materials to:

The Confucius Institute at Cleveland State University
 2485 Euclid Avenue, Julka Hall Room 291
 Cleveland, Ohio 44115

Parent/Guardian Signature: _____ Date: _____

PICKUP RELEASE AND EMERGENCY INFORMATION

Name of Participant: _____ Name of Parent/Guardian: _____

PICKUP RELEASE:

*I authorize the following person(s) to pick up the participant from the Confucius Institute Summer Immersion Camp 2014.
(Please include your own name on the list if you will be picking up the participant):*

NAME PHONE RELATIONSHIP

NAME PHONE RELATIONSHIP

Our physician's name is: _____ **(Print physician's name)**

Our physician can be reached by calling: () _____ **(Area Code and Phone Number)**

EMERGENCY CONTACTS:

NAME HOME PHONE WORK PHONE

NAME HOME PHONE WORK PHONE

KNOWN MEDICAL ISSUES/SPECIAL NEEDS:

Please list any known medical issues or allergies, as well as any medications that the participant will/may require during camp activities. If you believe that your child may require special accommodations to participate in camp activities, please include them below.



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