## Authorization, Assignment and Release of Liability Agreement for a Minor

I, \_\_\_\_\_\_\_, (parent/adult legally responsible for the below named child) fully understand, agree and consent to my child's,

(name) participation in a simulation activity in the Interdisciplinary Simulation Center ("ISC") offered by the Augusta University (hereinafter referred to as "Simulation Activity") the he/she may be videotaped, photographed, and/or recorded. I voluntarily consent to and authorize the use of my child's appearance and likeness in videos, photographs, and audio recordings by the faculty and instructor, at any time, for nonprofit educational and/or educational promotional purposes.

For and in consideration of the Augusta University ("AU") allowing m y child's participation in the Simulation Activity, I hereby authorize AU and The Board of Regents of the University System of Georgia, its members, officers, and employees to display, publish, reproduce, distribute, transmit or otherwise publicly use my name, image, voice, or contributions in connection with the Simulation Activity for the above stated purposes at AU's sole discretion. I assign to AU any property rights, title, and interest that I might have in any course contributions or in the videotape, photograph, or recording. I agree that I will not receive any compensation or claim ownership for my child's participation in the videotape, photograph, or recording.

Additionally, I hereby release AU and the Board of Regents of the University System of Georgia, its members, officers, and employees, from liability for any and all claims or causes of action of whatever kind or nature, whether known or unknown, foreseeable or unforeseeable, including but not limited to claims of defamation, invasion of privacy, and copyright infringement, arising out of my child's participation in the Simulation Activity.

The ISC utilizes household products to simulate different substances and items encountered in the healthcare environment. Natural rubber latex may be present in some models and supplies. Additionally, participants may be exposed to various substances, including but not limited to, Iodine, food coloring, perfumes, cosmetic products found in moulage/stage makeup for simulations, medical products such as tape, wound treatments, surgical dressings, medical creams/ointments, and food products including but not limited to tree nuts, eggs, and chocolate (used in the creation of simulated bodily fluids and odors). The foregoing should not be considered an exhaustive list. During simulation activities, participants may come in contact with these items.

Knowing the hazards, exposures and potential risks associated with Simulation Activity, I hereby assume on behalf of my child, any and all risks, release and hold harmless AU and the Board of Regents of the University System of Georgia, its members, officers, and employees, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage or injury associate with ISC and/or Simulation Activity. I agree and understand that AU and the Board of Regents of the University System of Georgia, its members, officers, and employees, shall not be responsible for any personal or bodily injuries or damages arising out of or in connection with my participation in the Simulation Activity.

In case of emergency, I \_\_\_\_\_\_(print full name of parent/adult legally responsible for the child) can be reached at \_\_\_\_\_\_(telephone number). I authorize AU/BOR to secure necessary emergency medical treatment in the event my child becomes ill or is injured while participating in this activity but understand that I am solely responsible for any costs associated with such treatment.

I acknowledge that I am the legal guardian of \_\_\_\_\_\_(child), I have read and understand the Authorization, Assignment and Release of Liability Agreement and I am voluntarily signing this agreement.

Signature of the Adult Legally Responsible for This Child

Date