



UAMS 2020 Summer Program  
Parental Consent and Medical Release Form

I consent to my child (insert full name) \_\_\_\_\_ participating in the following UAMS Summer Programs:

\_\_\_\_ STEM Webinars and Educational Presentations

\_\_\_\_ Virtual Science Fair(s)

I understand and agree that participating in these programs may require access to reliable high-speed internet, computers or personal electronic devices, and software that I am responsible for providing. Standard data usage rates may apply. I further understand and agree that in allowing my child to participate in these programs, my child may interact via virtual platforms with UAMS faculty, staff, guest lecturers, and other program participants and that these program sessions may be recorded and reproduced or rebroadcast by UAMS. Participating in these programs may require use of various household materials, chemicals, or supplies, and I agree that I am responsible for appropriate supervision of all activities requiring those products, which may be provided to my home by UAMS, upon request.

I understand that the University of Arkansas for Medical Sciences (UAMS) College of Medicine, Division of Clinical Anatomy of the Department of Neurobiology and Developmental Sciences, the University of Arkansas Board of Trustees, the State of Arkansas and their agents, officers, and employees are not responsible for any injuries or illnesses of my child (insert full name) \_\_\_\_\_ existing prior to or occurring during participation in any UAMS Summer Program.

I authorize the employees and/or agents of the UAMS Summer Programs to act in accordance with their best judgment in any situation requiring medical attention, whether an emergency or not, to make decisions concerning treatment until such time as required to contact those listed as emergency contacts on the application form.

I hereby release the UAMS, College of Medicine, Division of Clinical Anatomy of the Department of Neurobiology and Developmental Sciences, the University of Arkansas Board of Trustees, the State of Arkansas and their agents, officers, and employees from any claim of injuries or property damage or loss which may be sustained during attendance at and participation in any UAMS Summer Program. I further agree to indemnify the UAMS, College of Medicine, Division of Clinical Anatomy of the Department of Neurobiology and Developmental Sciences, the University of Arkansas Board of Trustees, the State of Arkansas and their agents, officers, and employees, and to hold the foregoing harmless from any and all claims of injury or property damage or loss which are caused by or are the result of my actions or omissions.

I further agree that reproductions, facsimiles, copies, or photos of this document may serve in place of an original and that an electronic signature is valid and may stand in place of an original ink-on-paper signature.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date