

Behavioral Expectation Agreement

Student Name: _____ Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Guiding Principles

- To ensure that the rights of all individuals are protected while attending the program.
- To establish the safest and best possible learning environment for all program participants.
- To ensure that breaches of the rules and code of conduct are treated in a fair and consistent manner.

Expectations

- All parents and attendees have the responsibility to treat one another, staff and property with respect.
- All parents and attendees have the responsibility to act and behave in a way which does not endanger, intimidate or interfere with the participation of others.
- Attendees have the responsibility to follow the instructions given by program staff.
- All parents and attendees have the responsibility to behave according to this code of conduct.

Rules - the following forms of behavior are considered a violation of this document and are unacceptable and could result in the immediate dismissal of attendee(s):

- Cigarettes or any tobacco products, alcohol, non-prescribed drugs, weapons, other inappropriate materials **MUST NOT** be brought to program
- Using language which is offensive, sexist or racist
- Fighting, bullying or any other forms of aggressive behavior
- Leaving program boundaries without permission
- Behaving in a manner which is potentially dangerous to self and others
- Behaving in a manner which damages or vandalizes the property of others or the University of Kentucky campus

Any breach of the Rules will initiate a disciplinary action. The University of Kentucky Art Museum reserves the right to suspend or dismiss an attendee's participation in program activities, without refund of program tuition, if such disciplinary action is required. Before such a decision is fully made, the attendee and parent/guardian will meet with the Program Director to determine the best course of action.

Agreement

I have read and agree to adhere to the above Rules and Expectations of the UK Art Museum Summer Camp program. My child and I fully understand the Rules and Expectations as detailed above and I agree to him/her receiving appropriate disciplinary action should he/she breach them:

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

**University of Kentucky
Minors Participating in a Program/Camp Informed Consent, Voluntary Waiver,
Release of Liability & Assumption of Risks Form**

PROGRAM/CAMP INFORMATION:

Program/Camp Name: _____

Date(s): _____ Time(s): _____

Location: _____

PARTICIPANT INFORMATION:

Name of Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____ Gender: M _____ F _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/CAMP.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Program.

I, on behalf of my Child, hereby release the University of Kentucky, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "UK") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless UK from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Program. I understand that UK accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of UK to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify UK from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant Name _____ Parent/Guardian Name _____

Participant Signature _____ Parent/Guardian Signature _____

Date _____ Date _____

UNIVERSITY OF KENTUCKY

**Excess Accident Medical Insurance
Camps/Conferences/Field Trips**

**Insurance
Coverage**

The annual Master Policy renewal occurs on January 1. This insurance coverage applies on an **excess** basis only. The participant's personal health insurance policy will primarily cover accident and sickness claims. This **excess** accident medical policy will cover any out-of-pocket expense not paid by the participant's personal health insurance up to the limits of the policy (see Coverage Benefits table below). This includes payment of the deductible and coinsurance amounts if applied under the participant's personal health insurance policy. For accidents, the first expense must be incurred within 180 days of the accident.

If the participant does not have personal health insurance coverage, this **excess** accident medical insurance policy will pay first dollar, up to the limits of this policy.

This policy does not cover pre-existing conditions. A pre-existing condition is any condition for which a prudent person should have sought treatment or was treated in the previous six months.

**Coverage
Benefits & Limits**

Accident Medical Expense (Excess)	\$50,000 Benefit Maximum
Benefit Period	2 years (from date of covered accident)
Deductible	\$0
Accident Dental Services (Excess)	Included
Emergency Room	Included
Physician Services	Included
Emergency Sickness (Excess)	\$500 Benefit Maximum
AD&D and Paralysis	\$25,000 Principal Sum
Benefit Period	One Year (from date of covered accident)

Consent to Medical Treatment/Insurance Statement

It is understood that authority is given to the University of Kentucky, or anyone they may designate, to have my son/daughter treated for injuries or illnesses they incur during a designated camp, conference, or field trip activity at the University of Kentucky.

I understand that I will be notified if a health problem arises, but in the event I cannot be reached by telephone, I hereby give the University of Kentucky, or anyone they may designate, permission to seek medical treatment for the participant named below, including surgery (on an emergency basis) or additional advanced treatments (MRI, lab tests, etc.) as deemed necessary by competent medical personnel.

I am aware that, as the adult participant, or as the parent or legal guardian of the participant named below, I will be responsible for any expenses incurred outside of the limits provided by the University of Kentucky's Camps/ Conference/Field Trip Policy. I also understand that the University of Kentucky insurance coverage is on an "excess" basis only. The excess policy will cover any out-of-pocket expense not paid by the participant's personal insurance up to the limits of the policy listed above.

_____ Date _____ Name of participant _____ Signature (Parent or Guardian if claimant is a minor)

Emergency Contact (If other than parent)

Name: _____ Relationship: _____

Phone Number: (home) _____ (work) _____

AUTHORIZATION TO RELEASE INFORMATION

I authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment-related information concerning the patient, to the Plan administrator or their employees and authorized agents for the purpose of validating and determining benefits payable. This data may be extracted for use in audit or statistical purposes. I understand that I or my authorized representative will receive a copy of this authorization upon request. This authorization or a photostatic copy of the original shall be valid for the duration of the claim.

Signature (Parent or Guardian if claimant is a minor)

Date

Phone No.

PAYMENT AUTHORIZATION: I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

Signature (Parent or Guardian if claimant is a minor)

Date