

NIU Game Development Lab
PARENTAL CONSENT FORM AND WAIVER OF LIABILITY AGREEMENT

This form must be completed and signed by a parent or guardian and returned before the first day of the program. Please return completed forms to: Michael Swope, eLearning Services, FO 338, Northern Illinois University, 1425 West Lincoln Hwy. DeKalb, IL 60115. Or email to mswope@niu.edu

I/We the undersigned _____
Parent or Guardian's Printed Name

parent(s) or guardian(s) of _____
Participant's Name

a minor participating in the _____
Name of Program

program at Northern Illinois University in DeKalb, Illinois, do hereby authorize the participation and attendance of the said minor in the program on the NIU campus, and all activities in connection therewith, conducted under the auspices of the Northern Illinois University Division of Administration and Outreach. I/We have been fully and completely informed and advised regarding the nature and purpose of said program and the activities conducted therein. It is my/our full and free decision to allow said minor to participate in this program.

I/We certify that said minor is in good health, and hereby authorize the directors of the Program to act for me/us, according to their best judgment, in any emergency requiring medical attention. I/We understand and agree that Program instructors, counselors, and staff may need to contact appropriate emergency medical providers regarding said minor. I/We give consent for any medical treatment (i.e., diagnostic, therapeutic, and surgical procedures) that such medical providers may deem necessary with the understanding that the cost of any such treatment will be my/our responsibility. I/We understand that my/our consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with treatment. No operation will be performed, **except in extreme emergency**, without me/us being contacted and fully informed and consent obtained.

I/We also understand that the program director/staff has the right to dismiss said minor from the program and send him/her home without refund for causing damage to property, inappropriate behavior, or misconduct, and I/we may be billed for damages to university property or other replacement costs resulting from theft or damage to property.

I/We agree to allow photographs, video, or audio of said minor taken by NIU photographers and/or program director/staff during the course of the program to be used in the program's publicity, including website, display boards, booklets, and brochures.

I/We agree to allow NIU to display student generated content, with proper attribution to the student, on the Digital Convergence Lab web site.

In consideration of NIU accepting and permitting said minor into this program, I/we do hereby, for myself, my family and anyone entitled to act on my behalf, release and discharge Northern Illinois University, its Board of Trustees, the State of Illinois, and their respective officers, employees and agents from any and all claims or causes of action, in the absence of gross negligence, that may arise during or as a result of said minor's attendance and participation in this program.

My/our signature(s) on this Parental Consent Form and Waiver of Liability Agreement signify(ies) my/our understanding and acceptance of the terms and conditions set forth therein.

Printed Name

Relationship

Signature

Date

NIU Game Development Lab
HEALTH FORM
(A parent or guardian must complete this form.)

Participant's Name: Last	First, Middle Initial	
Street Address		
City	State	Zip code
Participant's Birth Date	Gender	Blood Type

Does the participant have any health conditions (i.e. allergies, chronic conditions) or special circumstances (i.e. religious convictions or legal arrangements) that we ought to know about prior to emergency treatment?
[] NO [] YES

If yes, please explain, including any current medications(s): _____

Name and office telephone number of camper's physician: _____

Name of participants' health/accident insurance carrier(s) and appropriate policy information:

Carrier	Policy Number
Carrier	Policy Number

Parent/Guardian information:

Name	Relationship	Name	Relationship
Mobile Phone Number		Mobile Phone Number	
Email		Email	
Signature	Date	Signature	Date

If parent/guardian will be unavailable during program, please provide the information of a responsible adult who we can contact in an emergency:

Name	Relationship
Mobile Phone	
Day Phone Number	Email

NIU Game Development Lab Participant's Behavior Contract

Participant's Name _____

Parents/Guardian:

Please review the following behavior contract with the participant. Ensure that they understand that they will be expected to follow all part of the agreement at all times at NIU. Failure to follow these rules will lead to disciplinary actions up to expulsion from the program, and further activities, and without refund.

The participant must read and initial each statement and sign, along with his/her parent or guardian, at the bottom to show that he/she agrees to abide by the rules and policies of the NIU program.

While on NIU property, I will:

- _____ Make a strong effort to engage in the programming and constructively work and interact with other participants both in person and over the Internet.
- _____ Respect the needs and feelings of others and show kindness with all I come in contact with both in person and over the Internet.
- _____ Show respect for staff through my attitude and behavior, including following directions.
- _____ Demonstrate a high-level of responsibility and care with University property, my property, and the property of others. I understand that the destruction or defacement of property both physical and digital will result in disciplinary actions and monetary compensation for the damaged items.
- _____ Wear clothing that is appropriate and shows respect for myself and others. My clothing will be size-appropriate, modest, and not display inappropriate or disruptive slogans, gestures, or brands.
- _____ Limit the use of electronic devices, including, but not limited to, cell phones, music players, and hand-held games to non-instructional time. I am aware that loss, damage, or theft of such items is not the responsibility or concern of staff, NIU, or NIU employees.

While on NIU property, I will not:

- _____ Use physical violence, violent language, or threats, which are disruptive or unlawful, both on university property or on the Internet, including but not limited to:
 - Fighting or using "Fighting words."
 - Roughhousing or wrestling.
 - Physical or verbal threats.
 - Bullying or intimidation.
 - Use of weapons or other objects as weapons.
- _____ Bring items which are unlawful or prohibited, including but not limited to:
 - Weapons of any kind.
 - Fireworks or explosives.
 - Drugs (including alcohol, cigarettes, or any medication not listed on health forms).

_____ Use the Internet to view inappropriate material or post inappropriate content. Parents should be aware that university computers do not contain filtering programs to prohibit access to inappropriate content, so if a student accidentally lands on an inappropriate page he/she is asked to close the browser immediately and tell the instructor what happened.

_____ Leave campus without informing staff.

_____ Use profanity, but will maintain language and decorum appropriate for the classroom setting.

NIU staff will exercise a zero-tolerance policy concerning physical and verbal violence, illegal and prohibited substances and items, and sexually inappropriate activities.

Having read and understood the Participant Behavior Contract above, I agree to follow these policies during my time in the program. I also understand that failure to comply with these policies will have consequences, which may include, but are not limited to, being prohibited from participating in some or all activities, being dismissed from the program and sent home, and being prohibited from returning to this and/or future NIU programs.

Participant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____