

WAIVER FORM
PRAGUE SUMMER PROGRAM FOR WRITERS
PLEASE FORGIVE ALL REDUNDANCIES REGARDING OTHER FORMS IN THE
APPLICATION PROCESS

PART I: PERSONAL INFORMATION

Date: _____

Name (first middle initial last):

Home Address:

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

Birthdate(mm/dd/yyyy) ____/____/____ Gender (): Female Male

E-Mail Address:

ACADEMIC BACKGROUND:

Are you a student with a disability? Yes No If yes, specify: _____

What year in college are you? _____ Are you an undergraduate or graduate student? _____

What was your cumulative grade point average (GPA) last year?

What college or university do you attend?

Are you a “non-traditional” student, and if so what is your highest degree?

MEDICAL INFORMATION

MEDICAL CONDITION(S): (please check all that apply to you)

Diabetes Epilepsy Hearing Loss Seizures

Asthma (specify):

Food Allergies (specify):

Physical Restrictions (specify): _____

Other (specify): _____

Are you currently taking medication(s)? Yes No

If yes, name of medication(s) and dosage(s):

Emergency Contact:

Name and relation: _____

Daytime phone (_____) _____

Evening phone (_____) _____

_____ Evening phone (_____) _____

In an emergency, if we could not contact the above named individual, whom else could we contact?

1. Name: _____ Relationship: _____

Daytime phone (_____) _____

Evening phone (_____) _____

2. Name: _____ Relationship: _____

Daytime phone (_____) _____

Evening phone (_____) _____

In consideration of my decision to participate in the Prague Summer Program for Writers, I hereby release, relieve, discharge, and hold harmless and shall indemnify the Prague Summer Program for Writers, its officers, staff, and agents from any and all liability or claims of liability, whether for personal injury, property damage, death, or otherwise, arising out of or in connection with my participation in this Program or any travel associated with it.

If any emergency medical procedures or treatment are required while I am in the care of the Prague Summer Program for Writers, I consent to the Prague Summer Program for Writers' administrators or agents administering, arranging for, or consenting to the procedures or treatment in his/her/their discretion.

To the fullest extent permitted by law, I assume full responsibility and risk, including financial responsibility, for any and all losses, injuries or damages, including medical expenses, which I may sustain when on or about the locations utilized by the Prague Summer Program or when participating in any Program activity or field trip.

I, my heirs, administrators, personal representatives or assigns, release, waive and discharge, and further agree to indemnify, hold harmless and/or reimburse the Prague Summer Program for Writers, its administrators, staff, agents, representatives, insurers, and others acting on their behalf, of and from all claims, demands, and actions which I, or any other person or legal entity may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during, or in connection with my enrollment and/or participation in the Program or the rendering of emergency medical procedures or treatment, if any.

I also give the Prague Summer Program permission to take photographs, slides, and/or video pictures of me and to copyright and/or publish the

photographs, slides, and/or video pictures of me for educational or marketing purposes. I hereby waive any right to inspect and/or approve the finished product or advertising copy that may be used in connection therewith, or the use to which it may be applied. I further release and discharge the Prague Summer Program for Writers administrators and staff from any and all liability by virtue of blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the making of said pictures, or in any processing tending towards the completion of the finished product.

I further acknowledge and agree that if I violate any Program rules and regulations I will be subject to dismissal from the Program and all remaining activities. If dismissed, I will be responsible for finding my own way home. I also understand that if the infraction constitutes a potential violation of the law, the appropriate authorities will be notified.

I HAVE READ AND UNDERSTAND THIS ENTIRE AGREEMENT, CONSENT, WAIVER, AND LIABILITY RELEASE, AND VOLUNTARILY AGREE TO ITS TERMS AND CONDITIONS.

Signature _____

Date: _____

Printed Name:

Telephone _____

My signature above indicates that, to the best of my knowledge, the information given on this application is true, complete, and accurate.

