**USC Youth Protection and Volunteer Forms**

Table of Contents

[Parental Consent 2](#_Toc80262985)

[Medical Authorization; Information & Insurance 4](#_Toc80262987)

[Authorization for Medical Care 4](#_Toc80262988)

[Immunization Checklist for Program Participants 6](#_Toc80262989)

[Pickup/Dismissal Authorization 8](#_Toc80262990)

[Pickup Authorization and Contact Information 8](#_Toc80262991)

[Authorized Dismissal 8](#_Toc80262992)

[Use of Technology; Program Rules 9](#_Toc80262993)

[Photo and Media Release 1](#_Toc80262994)1

# Parental Consent

The undersigned parent(s) or legal guardian(s) of Name of participant hereby, give(s) permission for their child to participate (“Participant”) in Name of program(the “Program”) at the University of Southern California (“USC”).

The Participant’s parent(s) or legal guardian(s) expressly understand(s) and agree(s) that the Program presents risks to Participant and/or her/his property. These risks can include, among others (by way of example and without limitation): disease risks; injury to the muscular, skeletal or nervous systems; injury to internal organs; scratches, bruises, contusions; loss or damage to sight, teeth or hearing; paralysis; concussions; brain damage; other serious injury; and/or death. Participant’s parent(s) or legal guardian(s) is/are responsible for researching and evaluating the risks he/she may face and is responsible for his/her actions. Any activities that Participant may take part in, whether as a component of the Program or separate from it, will be considered to have been undertaken with Participant's parent(s)’ or legal guardian(s)’ approval and understanding of any and all risks involved.

To the fullest extent provided by law, the parent(s) or legal guardian(s) agree(s) to defend, indemnify and hold USC, the Program, its officers, trustees, employees, insurers, volunteers and agents harmless from any and all claims, damages, or liabilities of any kind arising from the Participant’s or their conduct related to any and all Program-related activities.  This indemnification also includes, but is not limited to, any injury, illness, death, or any loss or damage to personal property including reasonable attorneys' fees and/or any other associated costs, from any action, claim, or demand or other consequences arising or resulting directly or indirectly from participation in the Program, including but not limited to claims arising from or related to USC's negligence.

The parent(s) or legal guardian(s) agrees that USC assumes no responsibility for any injury or damage arising out of, or in part caused by, participation in the Program, either while in transit to or from or at the activity locations including but not limited to claims arising from or related to USC's negligence. They further agree that they, their spouses, assignees, heirs, guardians, and legal representatives hereby voluntarily indemnify, release from liability, agree to defend and hold harmless USC for any accident, injury, illness, death, loss, theft, damage to person or property

By signing this Consent and Release Form, the parent(s) or legal guardian(s) waive their right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury or illness to person or property or for death, however caused, arising out of participation in the Program. They further agree that they, their spouses, assignees, heirs, guardians, and legal representatives will not make any claim against, sue or attach the property of USC for any loss or damage resulting from participation in the Program. The parent(s) or legal guardian(s) agree that they are aware of the potential dangers incidental to participation in the Program, that this is a release of liability, a waiver of their legal right to collect damages in the event of injury, death or property damage, and a contract between USC and them, and they sign it of their own free will.

If any provisions of this Consent and Release Form are held invalid or unenforceable, the remainder of the Consent and Release Form shall be construed as if it did not contain the invalid or unenforceable part, and shall be constructed and enforced accordingly. This Consent and Release Form is governed according to the laws of California.

The parent(s) or legal guardian(s) expressly agree that this release is intended to be as broad and inclusive as the State of California will allow and that if any portion is held invalid, they agree that the balance shall, not withstanding, continue in full legal force and effect.

**Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Medical Authorization; Information & Insurance

The parent(s) or legal guardian(s) represent that basic health/medical insurance is maintained for the Participant, and that such insurance is current and in effect, and will remain in effect during the Program. The parent(s) or legal guardian(s) agree(s) to inform Fill in who at USC should be informedof any change in insurance carrier and/or policy number. The parent(s) or legal guardian(s) understand(s) that failure to maintain health insurance may result in the Participant’s suspension or dismissal from the Program.

The parent(s) or legal guardian(s) of the Participant also give their consent to the University of Southern California and officers, trustees, employees, faculty, insurers, volunteers and agents (collectively, “USC”) to authorize medical treatment for the aforementioned child if such treatment should be desirable or necessary during the course of the Program. In case of illness or injury to the Participant, the parent(s) or legal guardian(s) authorize(s) USC and/or the Program to take the Participant to the hospital, urgent care center, or other health care provider, and the parent(s) or legal guardian(s) consent(s) to any x-ray examination, anesthetic, surgical or other medical treatment rendered by a physician, nurse, or other health care practitioner or emergency services provider.  The parent(s) or legal guardian(s) understand(s) and acknowledge(s) that this authorization is given in advance of any specific injury or illness. The parent(s) or legal guardian(s) acknowledge(s), however, that they, and not USC, will be solely responsible for the cost of such treatment, or any other medical treatment for the Participant.

Participants’ medicines may be distributed by program staff, under the following conditions:

* The participant’s family provides the medicine in its original pharmacy container labeled with the participant’s name, medicine name, dosage and timing of consumption. Over-the-counter medications must be provided in their manufacturers’ container.
* Staff shall keep the medicine in a secure location, and at the appropriate time for distribution shall meet with the participant.
* The staff member shall allow the participant to self-administer the appropriate dose as shown on the container.
* Any medicine which the participant cannot self-administer, must be stored and administered by a licensed healthcare professional associated with the campus or, if no one is available, arrangements must be made with another health care professional in advance of the participant’s arrival. The event coordinator should consult with the location’s health service and the Office of Affirmative Action ADA Coordinator to discuss reasonable accommodations in the above situation.
* Personal “epi” pens and inhalers may be carried by the participant during activities.

The parent(s) or legal guardian(s) of the Participant also give their consent for the Participant to receive services provided by a mental health treatment or counseling services provider. The parent(s) or legal guardian(s) of the Participant acknowledge that that information provided by the Participant during counseling will be held in confidence to the maximum extent allowed by law with the exception of situations that may be harmful to the health and safety of others, including: 1) When there is a reasonable suspicion of abuse/neglect, past or present, of a child under the age of 18 years. 2) When there is a reasonable suspicion of the abuse/neglect of elders or dependent adults. 3) When there is disclosure of suicidal/homicidal ideation or intent of harm to self or others.

***Personal/Medication Information*** (please print) **Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Food/Drug Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Licensed Prescriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions (route, frequency, duration, take with food, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Quantity Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Storage Instructions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Authorization for Medical Care

I hereby authorize the program staff to administer my child the above-listed medication. I understand that medication, whether over-the-counter or prescription, should be kept in original containers. Prescription medication containers should bear the pharmacy label, date of filling, pharmacy name and address, patient name, name of prescribing practitioner, name of prescribed medication, directions for use and cautionary statements, as originally appeared on the container. When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

By signing this form I hereby acknowledge that all information is accurate and current, that all pertinent and important medication information is listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in the above information in a timely and reasonable manner.

I hold harmless and agree to indemnify the program and the University of Southern California, as well as the Board of Regents, from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment.

**Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Immunization Checklist for Program Participants

|  |
| --- |
| **DOMESTIC & INTERNATIONAL STUDENTS**  |
| **TDAP VACCINE** * Tetanus/Diphtheria WITH Pertussis
 | 1 dose **within** the last **10 years**  * **Dose Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)
 |
| **MMR VACCINE** * Measles, Mumps & Rubella
* 2 dose series **OR** titer
 | ***\*\*Students born prior to 1/1/1957 are considered immune and are exempt\*\****  * Dose #1 must be on or after your **1st birthday**
* Dose #1 & #2 must be at least **28 days apart**

 **Dose #1 Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)        **Dose #2 Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR) * If you had the disease **(measles or mumps)**as a child or if you are unable to obtain proof of vaccination, you must obtain a **blood titer test** and **include a copy of your lab report.**

 * If you have a negative or indeterminate titer, obtain 2 doses of **MMR vaccine** separated by at least **28 days**

**POSITIVE**MeaslesTiter        **Titer Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)        **Value: \_\_\_\_\_\_\_\_\_\_\_** **POSITIVE**MumpsTiter         **Titer Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)        **Value: \_\_\_\_\_\_\_\_\_\_\_**  |
| **VARICELLA VACCINE** * Chickenpox
* 2 dose series **OR** titer

   | ***\*\*Students born prior to 1/1/1980 are considered immune and are exempt\*\****  * Dose #1 must be on or after your **1st birthday**
* Dose #1 & #2 must be at least **28 days apart**

 **Dose #1 Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)        **Dose #2 Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR) * If you had the disease **(varicella/chicken pox)** as a child or if you are unable to obtain proof of vaccination, you must obtain a **blood titer test**and **include a copy of your lab report**

 * If you have a negative or indeterminate titer, obtain 2 doses of Varicella vaccine separated by at least **28 days**

 **POSITIVE**VaricellaTiter       **Titer Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)        **Value:** \_\_\_\_\_\_\_\_\_\_\_  |
| **MENINGOCOCCAL VACCINE (ACWY)** * Menactra **OR** Menveo
 | ***\*\*For students 21 years old and under\*\**** For participants under 16, **most recent**dose must be within 11th-12th year. For participants older than 16, **most recent dose** must be **on or after**your **16th birthday**  **Dose #1 Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR) **Dose #2 Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)  |
| **POLIO VACCINE** 4 dose childhood series  |  * **Dose #1 Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)
* **Dose #2 Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)
* **Dose #3 Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)
* **Dose #4 Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)
 |
| **HEPATITIS B VACCINE** * 3 dose series

  | * **Dose #1 Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)
* **Dose #2 Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)
* **Dose #3 Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)
 |
|  **FOR INTERNATIONAL SUMMER PARTICIPANTS ON CAMPUS FOR 4 OR MORE WEEKS ONLY\*** *\*Students from countries of origin that are not “high TB burden” as designated by the World Health Organization may be exempt from this requirement. Visit*[*http://bit.ly/TBcountrylist*](http://bit.ly/TBcountrylist)*to view complete list of exempted and required screening countries.*   |
| **TUBERCULOSIS SCREENING (BLOOD TEST)** * Tspot or Quantiferon Gold
 | **Submit a Tspot or Quantiferon Gold lab test** result that was taken **within 6 months** of your program start date (must be completed at **lab in the United States or Canada**)  * Tspot    [\_\_]**Test Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YR)
* Quantiferon  [\_\_][\_\_] Positive     [\_\_] Negative     [\_\_] Borderline

  |
| **COVID-19 VACCINE*** **1 or 2 Dose Series**
 | **Vaccine Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_• Dose #1 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR)• Dose #2 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YR) |

|  |
| --- |
| **I ATTEST THAT ALL DATES, IMMUNIZATIONS AND LAB RESULTS LISTED ARE CORRECT AND ACCURATE**  |
|  **Provider’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MD/DO/PA/NP)  **Provider’s Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  **Medical Practice Stamp (required)**  |

# Pickup/Dismissal Authorization

**Personal Information**:

Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Pickup Authorization and Contact Information

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick upthe child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program(attach additional pages as needed):

|  |  |  |
| --- | --- | --- |
| Authorized Person | Phone Number | Relationship to Child |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact the local police department as a last resort to take your child home.

## Authorized Dismissal

My child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program activities.

 [\_\_] YES [\_\_] NO

**Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Use of Technology; Program Rules

In order to afford all University of Southern California (“USC” or “University”) Name of program (“Program”) participants the most beneficial and enjoyable experience, we require that certain minimum standards of conduct be observed. We are also providing you with certain notices to facilitate an enjoyable and productive experience for all students, parents, and legal guardians. Our experience has shown that a prior understanding of these standards by students and their parent or legal guardian will help contribute to a more effective learning experience.

**COPPA/Technology Use Notice:** In order for USC to be able to provide students with the most effective web-based tools and applications for learning, USC utilizes several computer software applications and web-based services not operated by this school, but by third parties, such as such as Zoom, Blackboard, Slack, and similar education programs. USC may provide and some of these commercial programs and online services may collect personal identifying information -generally a student’s first name, last name, email address and username - as a result of the student using that website/app.

Under a federal law titled the Children’s Online Privacy Protection Act (COPPA) these commercial websites/apps must provide parental notification and obtain parental consent before collecting personal information from children under the age of 13. The purpose of COPPA is to give parents control over the information collected about their children by websites/apps.  COPPA applies to commercial websites/apps that collect, use or disclose personal information from children, and operators of general audience websites or online services with actual knowledge that they are collecting, using or disclosing personal information from children under 13 years old. For more information on COPPA, please visit: https://www.ftc.gov/tips-advice/business-center/guidance/complying-coppa-frequently-asked-questions

As part of our Program curriculum, students of all ages may be using commercial websites/apps, including but not limited to those in the below list, which means that these commercial websites/apps may collect and disclose certain personal information about students as students uses these websites/apps.  **Please be advised that you are responsible for reviewing the privacy policy for each of these commercial websites/apps and giving your direct consent for those websites/apps to collect personal information about your student.**

|  |  |
| --- | --- |
| **Website/App**  | **Privacy Policy**  |
| Zoom  | https://zoom.us/privacy  |
| Canvas Instructure  | https://www.instructure.com/policies/privacy  |
| Nearpod  | https://docs.google.com/document/d/1chWenhEEky1oxRTvPVpzcUXz-0bbfIr5\_XkPmT9zYZU/edit  |
|  |   |

By enrolling your student with the Program, you acknowledge receipt of this COPPA Compliance notice, give your permission for the student to use these websites/apps, and acknowledge your responsibility for reviewing the privacy policies of the above-listed websites/apps and giving your direct consent for those websites/apps to collect personal information about your student. You hereby grant my permission for USC to provide limited personal identifying information for your student to the following web-operators, Zoom, Blackboard, Slack, and any additional education computer applications and web-based services that the Program may deem necessary. This consent is not a waiver of students, parents or legal guardian’s rights under the Family Educational Rights and Privacy Act (“FERPA”) rights.

**Academic Integrity.** It is the responsibility of the student to uphold the academic integrity of the university.  Cheating on examinations, plagiarism, and improper acknowledgement of sources in essays are considered very serious offenses and any student found in violation of this regulation will be required to leave the Program.

**Sexual Harassment.**   No student may commit sexual harassment, defined as unwelcome sexual advances, requests for sexual favors, and other verbal or virtual conduct of a sexual nature.  This includes suggestive or obscene communication via letters, notes, text messages, images and any material distributed via social media, or any type of digital communication.

Students shall not engage in or encourage lewd, indecent or obscene behavior in the university community or at program-sponsored activities.  Encouraging or permitting others to engage in misconduct is prohibited within the university community.  Students should notify an appropriate program administrator of the misconduct.

All students are required to follow the USC Student Sexual, Interpersonal, and Protected Class Misconduct Policy, available online at <https://policy.usc.edu/student-misconduct/>.

**Additional Rules.** Students are required to comply with the Code of Conduct. Additional rules regarding individual conduct may be given to each student (e.g. classroom behavior, offenses, student handbook, etc.). No virtual abusive conduct, including verbal abuse, is permitted.  Violation of any of these rules or the additional rules will result in disciplinary action up to and including dismissal from the Program.

**Students, Parents and Legal Guardian Also Agree to the following:**

My child and I agree to obey all rules and policies mandated by Program personnel (available on the Program website).

My child and I will not photograph, videotape, and/or audiotape ourselves or others during the online portion of the Program.

I understand my child and I are expected to comply with federal, state, and local laws. The success of the Program requires the cooperation of everyone involved.

I agree that the University of Southern California and its officers, trustees, employees, agents, representatives, and any department, organization or group affiliated therewith (collectively, “USC”) assumes no responsibility for any injury or damage arising out of, or in part caused by, participation in the Program.  I agree that I, my spouse, assignees, heirs, guardians, and legal representatives hereby voluntarily indemnify, release from liability, agree to defend and hold harmless USC for any accident, injury, illness, death, loss, theft, damage to person or property, or other consequences arising or resulting directly or indirectly from participation in the Program, including but not limited to claims arising from or related to USC's negligence.

I expressly agree that this release is intended to be as broad and inclusive as the State of California will allow and that if any portion is held invalid, they agree that the balance shall, notwithstanding, continue in full legal force and effect.

**Please sign below to indicate your understanding all of the above notices and acceptance of the terms of the Program. Return the signed original copy of this letter to the Program and keep a copy for your reference.**

**Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Photo and Media Release

[ ]  **Yes**, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_, the Participant, hereby give Name of program and the University of Southern California, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child’s images, likeness, and recordings in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 (“FERPA”). I understand and agree that my/my child’s image, likeness or recording will become part of the University of Southern California’s photograph and/or recording file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child’s image. I hereby waive the right to inspect or approve my/my child’s image, likeness or recording or any finished material that incorporates such. I further release, discharge, and agree to waive the University of Southern California, as well as their licensees, successors, legal representatives and assignees, from any liability for violation of any personal or proprietary right that I may have in conjunction with said images, likenesses and images and with the use thereof. I further acknowledge and agree that Name of program and the University of Southern California and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

[ ]  **No**, I do not grant permission for my/my child’s image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

**Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**