



**JOHNSON & WALES**  
UNIVERSITY

CHARLOTTE CAMPUS

**NC ProStart Bootcamp**

At Johnson & Wales University – Charlotte Campus

Friday, November 1, 2019

**PARTICIPATION WAIVER & RELEASE FORM**

As the parent and/or legal guardian of \_\_\_\_\_, I hereby release, indemnify and hold Johnson & Wales University (JWU) as well as the North Carolina Restaurant and Lodging Association (NCRLA), North Carolina Hospitality Education Foundation (NC HEF), ProStart, any of their NC affiliated entities, officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with our child’s participation in this program.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her and or parent/guardian.

Misconduct, which includes but is not limited to any drug or alcohol use, at the event or in activities or locations related to or surrounding the event, may disqualify my child from further participation. Should any misconduct come to the attention of JWU Charlotte or the NCRLA/NC HEF/ProStart, the matter will be investigated, as they deem appropriate. Any decision and sanction as to appropriate action due to misconduct is at the sole discretion of the JWU Charlotte or NCRLA/NC HEF/ProStart, and is final. By my child’s involvement, he/she accepts this requirement as well as all other conditions of the program.

I hereby consent JWU Charlotte and NCRLA/NC HEF/ProStart – including its representatives, successors or assigns, shall have the right to publish or use any, photographs, movie films, video tapes, digital images and/or sound recordings, submitted text, including recipes or any part thereof, they have taken or made of our child on this date or in which our child may have been included, for publicity, advertising, Internet usage or any other lawful purpose in conjunction with his/her own or a fictitious name or image, or in reproductions thereof in color.

I hereby waive all claims for any compensation for use or for damages. I hereby waive any right that I (we) may have to inspect and/or approve the finished product or the use to which it may be applied. I hereby warrant that I have the right to release and indemnify the JWU Charlotte or NCRLA/NC HEF/ProStart as set forth above.

I state further that I (we) have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof. I have read, understand and agree to comply with the information in this document. This Release must be completed and signed before students attend the ProStart Bootcamp on Friday, November 30, 2018

**Date** \_\_\_\_\_

**Name of Student** \_\_\_\_\_

**High School** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

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

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

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## HEATH & PERMISSION TO TREAT FORM

Group Chaperone : \_\_\_\_\_ School: \_\_\_\_\_

*Must be completed for EVERYONE attending (including chaperones). This release must be completed and signed before guests attend the NC ProStart Invitational.*

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Circle One:    Student                  Chaperone                  Guest

Health Insurance Company: \_\_\_\_\_

Policy # (Required or Social Security Number): \_\_\_\_\_

Location of Insurance Card: \_\_\_\_\_

1. Contact in Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

2. Contact in Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Conditions / Known Allergies to be noted: \_\_\_\_\_

The above student has my permission to attend the ProStart Bootcamp. The school chaperone(s) have my/our permission to obtain medical treatment for my/our son or daughter (or myself), if necessary. I shall indemnify and hold harmless Johnson & Wales University (JWU) as well as NCRLA/NC HEF/ProStart, its officers and directors and employees, for loss or liability including reasonable attorney fees arising out of acts or omissions of myself in connection with all aspects of the event.

I understand that any obligation to settle any claims arising out of negligence or destruction of property during the event will be paid for by the individual responsible. If it becomes necessary for my/our son or daughter (or myself) to leave the meeting for disciplinary or medical reasons, I/we will assume responsibility for the return home.

Signature/s: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) / Guardian(s)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_