

**VANDERBILT UNIVERSITY
INTERNS AND OBSERVERS
PARTICIPATION AGREEMENT AND GENERAL RELEASE**

Intern/Observer/Participant Information				
Name		Date of Birth		Sex
Parent's/Guardian's Name (if under 18 years of age)		Parent's/Guardian's Name (if under 18 years of age)		
Home Phone ()	Work/Cell Phone ()	Home Phone ()	Work/Cell Phone ()	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		
Emergency Contacts				
Primary Emergency Contact		Secondary Emergency Contact		
Home Phone ()	Work/Cell Phone ()	Home Phone ()	Work/Cell Phone ()	
Medical Information and Emergency Treatment Authorization for Participants				
ANYONE REQUIRING IMMEDIATE MEDICAL ATTENTION WILL BE TAKEN TO THE MOST APPROPRIATE MEDICAL FACILITY.				
Primary Care Physician's Name			Phone Number	
Insurance Company			Policy Number	
In the case of an emergency, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment. I acknowledge that any medical treatment will be my financial responsibility and not that of Vanderbilt University.				
Signature			Date	
If Participant is a minor: In the event I cannot be reached in the case of an emergency, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment.				
Please list any medical conditions your minor participant has in detail including any medications . Does your child take any medication during school hours? Does your child have any dietary restrictions (including food allergies)?				
Parent's/Guardian's Signature (if Under 18)			Date	
PRINT			SIGN	
General Release, Participation Agreement and Liability Waiver				
I understand that my participation as a Non-Vanderbilt Intern/Observer is voluntary and I may be exposed to some level of risk in this activity. I assume full responsibility for that risk. I agree to release and hold harmless Vanderbilt University (VU) and individuals from liability in case of accident during activities related to this internship or observer experience, as long as normal safety procedures have been taken. If needed, personal protective equipment will be provided. If I am signing for my minor child, I give permission for my child to go on field trips. I grant permission for photos/images of me to be used by VU in any VU publications and any other way the University deems necessary and appropriate to promote its activities and mission.				
Signature			Date	
Parent's/Guardian's Printed Name and Signature (if under 18)			Date	
PRINT			SIGN	
Vanderbilt Protection of Minors Provision: Vanderbilt University personnel adhere to Tennessee state law on mandatory child abuse reporting. If you have reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a Vanderbilt University program, please consult the Dean's Office or Risk Management (615-936-5935), or report via the Vanderbilt compliance hotline at 844-814-5935. The Tennessee Child Abuse reporting hotline number is 877-237-0004.				