

November 2, 2026

GENERAL INFORMATION

Participant's First Name: _____

Participant's Last Name: _____

Participant's Street Address: _____

Participant's City: _____ State: _____ Postal Code: _____

Participant's Country: _____

Participant's Mobile Phone: _____

Participant's Email: _____

Is the Participant 18 years or older? ☐ Yes ☐ No

(For minors, a Parent/Guardian is also required to review and sign this form.)

ABOUT THE ACTIVITY

All minor students (*younger than 18 years old*) attending the Columbia Scholastic Press Association's Fall Conference 2026 will have access to one day of educational sessions on the Columbia campus during the posted daily hours of the event.

CSPA does not program off-campus activities as part of the Conference. *Participation in off-campus and/or unsponsored activities is undertaken at the attendee's personal risk.*

Minors attending the Conference on their own (not as part of a group) agree to adhere to CSPA's posted policies regarding solo attendance, travel, and participation. Solo attendees who are minors agree to complete the registration process using the event portal/website, submitting the required forms, having been completed and signed by both the minor and their authorized parent/guardian.

MEDICAL INFORMATION

Medical Insurance: All minors attending the Columbia Scholastic Press Association's Fall Conference 2026 without a chaperone are required to have medical coverage. Please confirm that you have such coverage appropriate for the types of activities offered and the locations hosting the Conference.

Name of Health Insurance Provider: _____

Policy #: _____

Each participant is responsible for making appropriate arrangements to have available any medications and medical devices necessary for their participation in the activity. Participants should alert program staff to their medical condition if they are comfortable doing so and it is necessary/important to do so.

EMERGENCY CONTACT INFORMATION

In case of emergency, please contact:

Name: _____

Relationship to Participant: _____

Phone Number: _____

Cell Phone: _____

PLEASE NOTE: A copy of this form will be filed electronically in the CSPA office for at least three (3) years after the activity has concluded.

ASSUMPTION OF RISK, MEDICAL PERMISSION, WAIVER AND RELEASE

I, the undersigned Participant (*and Parent/Guardian for and on behalf of a minor Participant*), hereby assume, knowingly and voluntarily, all risks of participation in the Activity referenced above and all associated activities, including those risks and activities not specifically listed above. To the fullest extent allowable under law, this assumption of risk, waiver, and release will apply whether or not Columbia University and any trustee, faculty member, officer, employee, agent, contractor, vendor, or student, whether in their professional or personal capacity or otherwise, is wholly or partially negligent or otherwise at fault. References to “Columbia University” in this form include, without limitation, The Trustees of Columbia University in the City of New York, and its schools, departments, units, affiliates, and related entities, and their trustees, faculty members, officers, employees, and students.

I hereby waive any and all rights, claims, or causes of action of any kind whatsoever and release Columbia University from any actions, claims, liabilities, and damages arising from or relating to the Activity referenced above and all associated activities, including, without limitation, any damages for personal injury, illness (including COVID-19), death,

or property loss that the Participant might sustain in connection with participation in the Activity including without limitation travel to or from, or while on location in, the Activity site.

I hereby authorize nurses, physicians, surgeons, dentists or emergency personnel chosen by personnel of Columbia University to furnish whatever first aid, medical or surgical care or management they may reasonably deem necessary for the well-being of the Participant in connection with the above-referenced activity. I also understand and agree that in the case of a medical emergency, including but not limited to allergic reaction, asthma episode, cardiac arrest, and cessation of breath, school personnel may need to administer an emergency response, including but not limited to epinephrine, nebulizer, automatic external defibrillator, and CPR. I hereby give permission to Columbia University personnel to administer medications or use medical equipment in the event of an emergency. I hereby waive and release Columbia University from any actions, claims, liabilities, and damages for any injuries, damages, or losses associated with the above-described emergency responses, whether or not arising from Columbia University's negligence or fault, to the fullest extent allowable under law. I understand and acknowledge that Columbia University shall not be responsible for any costs, fees or expenses owing to such medical treatment and that financial responsibility is retained by the Participant.

I agree to use good personal judgment and exercise caution in any potentially risky situations related to the Activity. Participants will continue to be governed by all applicable Columbia University policies and rules, and must conduct themselves in an appropriate manner at all times. Participants who violate any policy or rule of Columbia University might be required to leave the activity at their own expense, in the sole discretion of Columbia University.

SIGNATURE - PARTICIPANT

Print Name: _____

Student Signature: _____

Date: _____

(continued on the next page)

SIGNATURE – PARENT/GUARDIAN (IF PARTICIPANT IS A MINOR)

For minors only, a parent/guardian must sign acknowledging and agreeing to the above information, terms and conditions on behalf of their minor Participant.

Parent/Guardian Name: _____

Relation to the Participant: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Mobile Phone: _____

Parent/Guardian Email: _____

Parent/Guardian Signature: _____ Date: _____