

**PLEASE INSERT STUDENT'S NAME IN HIGHLIGHTED AREAS, FILL IN OTHER BLANKS  
AND FAX TO (505) 275-1449 OR EMAIL TO [DIRECTOR@NMPRESS.ORG](mailto:DIRECTOR@NMPRESS.ORG) ASAP. BRING  
ORIGINAL TO THE WORKSHOP.**

**Permission to Participate & Authorization for Medical Services  
2019 New Mexico High School Journalism Workshop  
New Mexico Press Association / UNM**

This form must be completed and returned to the New Mexico Press Association (NMPA) by Friday, May 24, 2019.  
Without this completed form students will not be able to participate in the Workshop on June 2-5, 2019.

To: The parent/legal guardian of the student \_\_\_\_\_ (Participant)

The parent/guardian and Participant hereby accept by signing below the responsibilities related to the following **prohibited activities**:

1. The Participant shall not by any conduct, act, force, or threat deprive another of the exercise of the personal rights and responsibilities, nor engage in any conduct which causes disruption of any lawful mission, process, or function of NMPA and UNM.
2. The Participant shall not intentionally cause or attempt to cause damage to UNM property or steal or attempt to steal private property. If Participant should cause willful damage to any property, UNM or NMPA will seek restitution from Participant or parent/guardian.
3. Participant shall not intentionally cause or attempt to cause physical injury to any person or behave in such a way as could reasonably cause physical injury to another.
4. Participant shall not possess, use, and/or transmit any object that could reasonably be considered a weapon.
5. Participant, unless otherwise indicated in the Workshop schedule, shall remain on the UNM campus at all times.
6. Participant shall not use his/her car during the Workshop, nor shall Participant borrow a car to use during the Workshop.
7. Participant shall not possess, use, transmit, or be under the influence of any controlled substance. Use of a drug authorized by a medical professional in prescription form, and in accordance with professional instructions shall not be considered a violation of this rule. Participants taking medication should indicate such medication in the place provided in the form below.
8. Any violation of local, state, or federal laws will subject Participant to expulsion from the Workshop, jeopardize the Journalism Workshop enrollment of future participants from his/her high school; and require the parent/guardian to immediately remove Participant from the UNM campus.

Every reasonable precaution will be taken to provide for the safety and care of the students. In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian. The parent/guardian hereby assumes financial responsibility for all hospitalization and medication treatments.

Please indicate any prescription medication(s) \_\_\_\_\_ is taking: \_\_\_\_\_

Indicate allergies to medications: \_\_\_\_\_

Name of medical insurance company \_\_\_\_\_; Group No./ID \_\_\_\_\_

Telephone number of provider that will cover any medical care resulting from any injury/illness sustained while participating in the Journalism Workshop. \_\_\_\_\_.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ give permission for my child to participate in the 2019 NM High School Journalism Workshop. I authorize NMPA/ UNM to obtain any medical care that may be necessary for my child while attending the Workshop. I also agree not to hold NMPA, UNM or anyone acting on its behalf responsible for any injury occurring to Participant during the Workshop.

**I have read the above and agree, as the party legally responsible for \_\_\_\_\_, to all statements and terms contained herein.**

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**I have read the above and agree to all terms and conditions stated herein.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address