

Parental Release & Consent Form

(To be completed by a parent or legal guardian of any volunteer under age 18)

ASSUMPTION OF RISK AND RELEASE

I acknowledge that Participant, _____ (name of individual), would like to participant in _____(Activities). I further represent and warrant that I am Participant's legal guardian and am eighteen or older and am competent to enter into this Assumption of Risk and Release.

I recognize that there are inherent risks and hazards directly or inherently involved, making this a potentially dangerous activity. With full knowledge of the facts and circumstances surrounding these Activities, I voluntary grant my permission for Participant to undertake these Activities and I assume all responsibility and risk for Participant's participation in these Activities, including all risk of injury to self, injury to others, and other hazards to myself.

I assure officials of Rogers State University that Participant has adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from Participant's participation in these Activities and that I will indemnify and hold the University, its employees, agents, and officers harmless.

I assure the University that there are no health-related reasons or problems, which preclude or restrict Participant's participation in these Activities.

I release Rogers State University from any liability whatsoever arising out of Participant's participation in these Activities, including but not limited to, any damage to Participant's property or the property of others and injury to Participant or to others, including loss of limb or life or to others through Participant's participation in these Activities.

The foregoing is submitted for the good and valuable consideration of the University allowing Participant's participation in these Activities, adequacy of which is hereby acknowledged. I execute this document with full knowledge of the contents and consequences stated in this Release.

Participant: _____ (print name)

Print Name of Parent/Guardian: _____

Your relationship to Child: _____

Emergency Contact Number: _____ - _____ - _____

List any of Child's allergies/medications: _____

Signature of Parent/Guardian: _____

Date: _____