



Lewis-Clark State College
KinderCollege
Event Waiver, Release of Liability & Permission Form

Event Title: _____

Event Date: _____

Location: _____

Approximate Time Frame: _____

I, the undersigned parent or legal guardian ("I"), understand and acknowledge the risks associated with my natural or custodial child(ren) participating in this KinderCollege event. By signing this form, I give permission for my child(ren) to participate and voluntarily assume all associated risks, releasing Lewis-Clark State College ("LC State") and its affiliates from liability as described below.

1. Acknowledgment of Risks

I understand that my child(ren) will be participating in activities that may include, but are not limited to:

- Use of sidewalks, crosswalks, and travel to/from event locations
- Interaction with the public and outdoor environments (such as sun, heat, insects, animals, and plants)
- Participation in physical play including use of inflatable equipment (such as a bounce house)
- Interaction with animals (such as dogs or petting zoo animals)
- Unforeseen hazards or emergencies, including need for emergency medical care or transportation

I acknowledge that while every effort will be made to ensure the safety of participants, participation involves inherent risks that cannot be eliminated, including unpredictable animal behavior. I, on my own behalf and on behalf of my child(ren), voluntarily assume all risks associated with this event.

2. Medical Clearance and Allergies

I confirm that my child(ren) are in good physical and mental health and do not suffer from any conditions, including animal allergies, that would make participation unsafe. If there are any known medical conditions, I will take full responsibility for managing them.

In the event of a medical emergency, I understand that reasonable efforts will be made to contact me. If I cannot be reached, or if immediate treatment is required, I authorize KinderCollege staff to seek medical treatment for my child(ren) I understand that I am solely responsible for any medical or other expenses incurred as a result of my child(ren)'s participation.

3. Release of Liability

To the fullest extent permitted by law, I, on behalf of myself, my child(ren) my heirs, representatives, executors, administrators, and assigns (the Releasing Parties) hereby agree to defend, indemnify, hold harmless, release, and covenant not to sue the State of Idaho, its State Board of Education, LC State, its members, respective officers, employees, volunteers, and agents, (the Released Parties) from and for any injuries or losses arising from or related to my child(ren)'s participation in this event, including but not limited to:

- Personal injury (including death)
- Property damage or loss
- Emotional or psychological distress
- Allergic reactions to animals or other event-related allergens
- Claims arising from negligence

I agree that I will not hold the Released Parties liable for any injuries or damages that may occur during the event. I further agree that this release is binding on my child(ren) heirs, representatives executors, administrators, and assigns.

I agree that any legal disputes related to this activity shall be resolved in a court located in Nez Perce County, Idaho, and that this waiver is governed by the laws of the State of Idaho.

4. Voluntary Participation

I confirm that my child(ren)'s participation in this event is voluntary. My child(ren) may choose to discontinue participation at any time without consequence.

5. Photo/Video Release

Please indicate your preference below:

- YES – I grant permission for photographs or videos of my child to be taken during this event and used for promotional purposes, in print and online, without compensation.
- NO – I do not grant permission for photographs or videos of my child to be used for promotional purposes.

8. Parent/Guardian Volunteer

- Yes, I would like to join the event as a parent/guardian volunteer.

9. Agreement to Terms

By signing below, I acknowledge that I have read, understood, and agreed to the terms and conditions outlined in this Waiver, Release of Liability and Permission Form. I understand that by signing this document, I am giving up future legal rights, including the right to sue for damages in the event of injury or death. I confirm that I have signed this waiver voluntarily, under no duress, threat, or promise, and that I am 18 years of age or older and mentally competent to enter into this agreement.

(SIGNATURES ON FOLLOWING PAGE)

Participant Information (Parent/Guardian):

Child(ren)'s Name(s) (Printed): _____

Emergency Contact Name & Phone: _____

Parent/Guardian Name (Printed): _____

Signature of Parent/Guardian: _____

Date: _____

Please return signed form by _____ . A signed form is required for participation.