



Parent/Guardian Permission for Minor Participation

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. This form must be signed by a parent or legal guardian of any participant under 18 years of age.

Name of the Event:

Event Date and Time(s):

Event Sponsor:

Contact Name:

Contact Phone:

I, as the parent or legal guardian of [REDACTED], am aware that my dependent's participation in Lewis-Clark State College's (LC State) event, date(s) and name of event listed above ("Program") may include activities that are physical in nature and could result in injury. Both participant and their parent(s)/guardian(s) acknowledge and accept the risks and give permission for participation in the Program. I acknowledge that participation in this Event has the following non-exhaustive list of particular ("Activities") that bear risk and danger and from which bodily injury to me or my dependent, up to and including mortal injury, may occur: activities such as self-defense courses, field trips off campus, overnight trips on or off campus, rafting, kayaking, stand up boarding, backpacking, skiing and climbing, use or operation by myself or others, of equipment; physical and risky activities, including, competitive and/or recreational participation in athletic sporting activities that would involve strenuous exertions of movement and strength using various muscle groups, which could place stress on the cardiovascular and or skeletal systems, including, but not limited to, horseback riding, swimming, boating, and other water sport activities; being outside or in the presence of inclement weather conditions including, but not limited to, lightning, wind, dangerous snow conditions, and rock fall; contact with plants, animals or other environmental hazards; transit to or from the Event locations and activity locations including but not limited to travel by LC State owned bus, van, vehicle or private auto; use of roads, trails, waterway, terrain and other routes or water flows in the condition in which they are found; staying overnight on or off campus; rendering of first-aid, emergency treatment or other services, consumption of food or drink; or other unknown and unanticipated activities and risks. **I voluntarily accept full responsibility for any loss, property damage, physical or mental injury, death, and all other damages** that may be sustained by me or my dependent, including without limitation loss or damage to property owned by me or my dependent or in my or my dependent's possession, lost wages, loss of earning capacity, and emotional harm, as a result of participation in the Event. I further assume full responsibility for all such damages caused to others by my or my dependent's conduct.

In consideration of LC State permitting me or my dependent to participate in the Event, I voluntarily consent to and accept all risks associated with participation. **I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, Lewis-Clark State, their agents and employees ("Releasees") from any and all liability,** claims, causes of action or demands of any kind and nature whatsoever, including attorney's fees incurred.

I am aware that if I provide a vehicle not owned and operated by LC State for transportation to, at or from the activity site, or if I am a passenger in such a vehicle, LC State is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled activities, regardless if occurring before, during or after the period of the Event.



It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for my heirs, estate, executor, administrator, assigns, and all members of my family.

MEDICAL INFORMATION

I am aware that I need to inform the school of any allergies my minor dependent may have and I hereby certify that, with or without accommodation, my dependent has no health-related reasons or problems that preclude or restrict my dependents participation in the activity. I hereby consent to first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that my dependent may sustain while participating in any activity associated with the Event.

I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL MEDICAL EXPENSES.

If my dependent has a disability requiring accommodation, I will contact the program director prior to the start of the Event.

I agree that you may photograph me or my dependent in connection with, the Event. I agree that you shall be the exclusive owner of the photograph and all copyright and other rights of the photograph. I agree that you may use the photograph in any medium you wish related to LC State's Event.

If you DO NOT GIVE PERMISSION TO PHOTOGRAPH YOU OR YOUR CHILD/DEPENDENT, CHECK HERE:

I agree that my dependent is able to carry out the program activities in a safe manner and within the structure of the policies and guidelines of LC State. In addition, I agree to follow all federal and state laws in the participation of this Event. I am also aware that dangerous weapons, alcohol and drugs are not permitted. I understand that failure to follow instructions, or disregard LC State policies and applicable laws may be considered grounds for denying my dependent's participation in the Event. My dependent can be withheld from participating for any reason by faculty, or staff. If I or my dependent is unwilling to abide by these policies I or my dependent may be unable to participate in future Events.

Parent/Guardian Name (pleaseprint): _____

Child's Name (fill out one form for each child): _____

Contact Phone Number: _____ **Permission to Text?** **Yes** **No**

Home Address (include city, state, zip code): _____

Who is allowed to pick up my child following the event: _____

Who is NOT allowed to pick up my child following the event: _____

Parent or Guardian Signature: _____ **Date:** _____

I am allowing the event administrator custody and control of my child during the event:

***Yes**

****No**

***If yes, please provide the required medical information on Page 3.**

****If no, you agree to accompany your child for the duration of the program, submit to a criminal background check conducted by the college at your expense, and complete an on-line safety training provided by the college.**

Definition of Custody and Control as defined in Policy 4.135: *Accepting supervision over and responsibility for minors in the absence of their parent(s) or other legal guardian(s). If no form of contract, waiver, or written assumption of supervision is entered into with a minor's legal guardian, there is a presumption that the college program or non-college program has not assumed custody and control over a minor.*



CONTACT INFORMATION

Child's Full Legal Name: _____

Child's Birth Date: _____ Age: _____

Address (include city, state, zip code): _____

Phone Number: _____

IN CASE OF EMERGENCY:

Preferred local hospital: _____

Name of Insurance Company: _____

Policy Number: _____

GENERAL MEDICAL HISTORY

Does your child have any food, medication or environmental allergies?

Yes No

If yes, check all that apply:

Food

Medication

Environmental

Please list and explain any allergies: _____

Significant Medical History (surgery, injuries, serious illness): _____

List any Medical Problems (asthma, seizures, headaches): _____

Is any medication required?

Yes No

List any medication taken regularly: _____

In an emergency does this child require additional assistance (more than other children of the same age or in the same group) to evacuate? _____

If yes, please describe: _____

In the event that the activity participants must evacuate, are there medications or supplies that must be taken with this child?

Yes No

If yes, please explain: _____

I consent to the following administration: sunscreen – topical product or lotion, exact dosage: liberal application per exposed area, to be administered before high sun exposure.

Yes No

Optional: Please provide any additional information you feel would be helpful for us to know: _____
