Parental Consent & Assumption of Risk and Liability Waiver

I, _________________________________ do voluntarily request and give consent for my child (child’s name) _________________________________ to participate in the activity of: ________________________________________________

________________________________________ on

date) ___________________________ to be conducted at ________________________________

________________________________ (location, address)

In consideration of my child being allowed to participate in this activity, I fully and voluntarily accept all risks that may arise from direct or indirect involvement with this activity, and hereby agree to relieve Utah State University, its officer, agents, and employees (releasees) from any liability, except that for which they are solely negligent, and hold them (releasees) harmless from any injury, death, or property damage that may result from my child’s participation in this activity.

I further understand and agree that my child’s participation may be discontinued if, at the sole discretion of the Activity Supervisor, my child’s behavior is considered hazardous or disruptive to the other participants.

I represent that my child is in good health and in a physical condition capable of participating in such activity.

In the event of a medical emergency, I hereby consent and give permission for my child to receive medical care at a nearby hospital and/or by other medical personnel as necessary.

Medical information and other concerns that should be known about my child are:

Critical allergies (identify): ____________________________________________________________

________________________________________

Other (identify): _________________________________________________________________

________________________________________

Names and telephone numbers of persons to contact in case of emergency:

Name: ___________________________ day phone________________ night phone______________

Name: ___________________________ day phone________________ night phone______________

Parent’s Name (print & signature) ______________________________________________________

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