

# WAIVER AND RELEASE AGREEMENT

## (Child Participant)

(Please read carefully before signing. This is a release of liability and waiver of certain legal rights)

I\*, the undersigned, in consideration of my child being permitted to engage in the "ACTIVITY" described below which may be on property owned or under the control of NCCC, or which may be part of an NCCC sponsored or participating activity or event, agree to the following Waiver And Release:

TO: NCCC ("Neosho County Community College")\*\*  
ACTIVITY: \_\_\_\_\_

**I understand that participation in this Activity voluntary and will expose my child (Child Participant) to risks of injuries.** I believe Child Participant is physically able to participate in the Activity and authorize Child Participant's participation in the Activity. I understand that participation in the Activity, involves a certain element of risk. I understand that any transportation during and participation in the Activity will expose Child Participant to risks of injuries. Some of these hazards and risks are foreseeable, but some are unforeseeable. Examples of risks include, but are not limited to, physical injury, emotional injury, property damage, economic loss, noneconomic loss, and deprivation of rights, privileges, and immunities. Some of these hazards and risks cannot be eliminated due to the nature of the activities. **I understand that these risks could cause harm to Child Participant, his/her property, and other persons.**

In consideration for providing Child Participant the opportunity to participate in the Activity, fully recognizing the dangers and hazards inherent in participating in the above mentioned Activity and any related transportation to and from Activity events, **both Child Participant and I voluntarily agree to waive and discharge any and all claims against NCCC and release it from liability for any loss regardless of cause,** including claims for any negligent actions of NCCC to the fullest extent allowed by law, for myself, Child Participant, our estates, our heirs, our administrators, our executors, our assignees, and our successors. I also agree to release, exonerate, discharge and **Hold Harmless** NCCC from all liability for any loss, claims, causes of action, or demands, including attorney fees, arising out of injuries of any kind to me, Child Participant, or to our property, or losses of any kind which may result from or in connection with Child Participant's participation in the Activity, up to and including injuries stemming from the negligent actions of NCCC. **I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of Child Participant.**

I authorize NCCC representatives to act as limited health care agent to seek and consent on my and Child Participant behalf to secure emergency medical attention including services of a physician or hospital for Child Participant as needed in the sole discretion of the NCCC representative, in the event of accident or illness during or related to Child Participant participation in the activity, and I agree to be liable for and to pay all costs incurred in connection with such medical attention.

\* "I", or "my" includes parents/guardian, child participant, heirs, distributees, guardians, legal representatives, successors, representatives, insurers, subrogees, and/or assigns of the undersigned and of a minor, parent, guardian, or custodian if applicable, and shall include any spouse, family member or guest accompanying and/or observing the activity.

\*\* "NCCC" includes Neosho County Community College, Kansas Board of Regents, Neosho County Community College Foundation, and any of their respective agents, Board of Trustees, Board of Directors, officers, managers, trustees, directors, servants, employees, volunteers, faculty, staff, Child Participants, insurers, individual members of any Board, spouses of the same, heirs, legal representatives and assigns.

**I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.**

\_\_\_\_\_  
Mailing Address of Parent/Guardian

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Child Participant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Age

(See attached Emergency Medical Treatment Information)

**NEOSHO COUNTY COMMUNITY COLLEGE  
Waiver And Release Agreement Form**

**Medical Information:**

Known allergies (drug or natural) \_\_\_\_\_

Special medication being taken \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

History of serious medical conditions \_\_\_\_\_

\_\_\_\_\_

Any physical restrictions \_\_\_\_\_

Other conditions \_\_\_\_\_

Family Doctor \_\_\_\_\_

Parent or Guardian phone number: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_