



# PERMISSION/WAIVER FORM

Name of Child (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Print the names of parent(s) and/or legal guardian(s):

\_\_\_\_\_

Name of Program to be attended \_\_\_\_\_

### **Agreement and Permission to Participate**

I approve this application and the conditions listed here, and I hereby certify that my child is willing and able to adhere to the program policies which can be found at **(URL or other Location)**.

I grant permission for my child to participate in every activity offered while at program, unless explicitly noted in writing.

### **Permission to Photograph/Video**

I understand that as a participant, my child may be photographed or videotaped during normal activities, and these photos/videos may be used in promotional materials or other publications including the program website.

### **General Waiver**

I HAVE READ THE RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT (below). I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

**ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION AGREEMENT**

I am fully aware of dangers and risks involved in the program, which include, but are not limited to bodily injury, property damage, and loss of property sustained during participation in program activities or during transportation to and from program activities, and I choose to voluntarily participate in program with full knowledge that the program may expose participants to such dangers and risks. **I THEREFORE AGREE TO VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ALL SUCH DANGERS AND RISKS** to which I may be exposed as a result of participating in program.

As consideration for being allowed to participate in program, which is sponsored by Abilene Christian University (“ACU”), **I HEREBY RELEASE, WAIVE, HOLD HARMLESS, AND INDEMNIFY** ACU (and its Board of Trustees, officers, employees, agents, volunteers and students) from any and all liability, claims, demand, suits, costs, and charges, in connection with or arising out of program, including, but not limited to, any serious bodily injury, medical care received following an injury, death, property damage, or loss of property sustained by myself or others, except for loss, harm, or injury caused by gross negligence or intentional misconduct by ACU (or its Board of Trustees, officers, employees, agents, volunteers or students).

I further understand and agree that this agreement is to be binding on my family, heirs, assigns, and personal representatives.

This agreement is governed by Texas law, and I understand that this agreement is intended to be as broad and inclusive as is permitted by Texas law. If any portion of this agreement is invalid, I agree that the remaining provisions shall continue to be in full force and effect.

**I have read this agreement, I understand it, and I agree to be bound by all of its terms. I certify that the parent or legal guardian.**

Proof of this form may be printed as necessary.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Participant’s Name**