

WAGNER COLLEGE

DEPARTMENT FOR LIFELONG LEARNING

ASSUMPTION OF RISK, WAIVER OF LIABILITY AND PARENT/GUARDIAN PERMISSION FORM

Student Name: _____

In order to participate in a Wagner College Lifelong Learning class, each student must submit this signed Assumption of Risk, Waiver of Liability and Parental Permission Form and the accompanying Emergency Contact Form.

AGREEMENT TO PARTICIPATE

To ensure that parents understand and accept the risks of student participation in Wagner College Lifelong Learning classes, student's legal guardian must indicate understanding and agreement by signing below.

PARENT/GUARDIAN AGREEMENT

I agree to allow my child to participate in the enrolled class and affirm that my child's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at Wagner College which may cause injury. I also understand that, despite safety precautions, Wagner College cannot guarantee that my child will not be injured. My child and I are willing to assume these risks. To minimize the risk, I have instructed my child to obey all the rules, regulations and instructions of Wagner College Staff.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE:

In consideration for permitting my child to participate in the Summer Camp, **I voluntarily agree,**

1. **TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS, LOSS, OR PERSONAL INJURY** that may be sustained by my child, or any loss or damage to property owned by myself or my child, as a result of participation.
2. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE** Wagner College, or its trustees, officers, faculty, employees, agents, students, and staff from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, that may be sustained by me or my child, or to any property belonging to myself or my child while participating in the program.

EMERGENCY CONTACT FORM & INSURANCE COVERAGE: I understand that I must submit an emergency contact form prior to my child's participation. I agree that in the event any medical emergency concerning my child were to arise, staff should take appropriate steps to care for my child and seek transportation to the closest hospital if additional emergency medical care is necessary. I further understand that I will be responsible for all medical expenses incurred by me or my child.

PHOTO RELEASE: I hereby consent to and authorize the use and reproduction by Wagner College and its employees, or anyone authorized by Wagner College, of any and all photographs that have been taken of my child while attending a Wagner program or camp without compensation to me. All negatives and positives, together with the images (both digital and printed) are owned by the College. Images will be used – names will be withheld. Wagner College reserves the right to use these photographs in any of its print or electronic publications or web pages and for promotion of its programs.

By signing below, I acknowledge that I have read, understand and agree to the terms outlined above.

Parent/Guardian Name _____

Signature _____ Date _____