

AGREEMENT WITH PARENT OR LEGAL GUARDIAN
OF STUDENT UNDER THE AGE OF 18 FOR
PARTICIPATION IN A ACTIVITY

I, _____, as parent or legal guardian of _____

do hereby expressly authorize _____ ("participant") to participate in

_____ on _____
(name of activity) (date of activity)

The undersigned affirmatively states that participation is in good health and is under no medical restrictions which would inhibit participation in said activity.

The undersigned agrees to forever waive and relinquish all claims participant or the undersigned might have as a result of a participant's participation in the activity. The undersigned further agrees to forever release and discharge the college, its officers, agents, trustees, and employees against any and all claims for losses, damages, judgments, claims, expenses, costs and liabilities with the undersigned or participant may have as a result of participation's participation in the activity.

The undersigned recognizes and acknowledges that there are inherent risks in the participation in the above referenced activity which may result in serious bodily injury or death. In consideration of said participations, the undersigned agrees to hold harmless and indemnify Triton College, its officers, agents, trustees, and employees against any losses, damages, judgments, claims, expenses, costs, and liabilities imposed upon or incurred by or asserted against Triton College, its officers, agents, trustees and employees including reasonable attorney fees and expenses, cause by, arising from, incidental to, connected with or growing out of such participation.

During the course of the activity, in case of medical emergency, the undersigned hereby authorizes any local hospital, doctor, or other licensed medical practitioner, as well as emergency treatment personnel, to take whatever action necessary to address the medical emergency. If the undersigned is present during the activity, the undersigned shall retain the right to make all medically related decisions regarding the participant.

The undersigned certifies that the participant has health insurance coverage and the undersigned agrees that in the event medical treatment is rendered, said insurance shall be considered primary.

If any provision of the agreement or part thereof is ruled unenforceable by a court of competent jurisdiction, the remainder of the agreement shall be in full force and effect.

I have read the above and understand it. I enter into this agreement as my free and voluntary act. I have signed this agreement this _____ day of _____.

(Signature of parent or legal guardian)

Child's Name: _____

EMERGENCY CONTACT INFORMATION

Please list all emergency contact information. Fill form out completely.

Camp your child is enrolled in: _____ Date(s): _____

1st Contact:

Name: _____

Relationship to child: _____

Phone Number: _____

Cell Number: _____

Email: _____

2nd Contact:

Name: _____

Relationship to child: _____

Phone Number: _____

Cell Number: _____

Email: _____

Any allergies we should know about food or environment:

Any medical information we should know about:

