



EVENT

**Parent/Legal Guardian’s Waiver, Release, and Indemnification Agreement (Release),
Acknowledgement of Responsibility, Authorization for Participant’s Participation in the Event,
and Authorization for Emergency Medical Treatment for Participant**

I desire my minor child named below (“Participant”) to participate in the _____ (“Event”) activities that occur on the Metropolitan Community College (MCC) _____ (campus) on _____ (date). **In consideration of being permitted to participate in the Event, I agree, on behalf of Participant, myself, my family, my heirs, assigns, executors, administrators, and/or personal representatives, to assume all risks and responsibilities surrounding Participant’s participation in the Event. I hereby agree to forever release, defend, hold harmless, and indemnify the Junior College District of Kansas City, Missouri aka Metropolitan Community College, its trustees, officers, employees, and agents from and against any and all present or future claims, losses, liabilities, injuries to or death of any person or persons, or injuries to or losses of property, howsoever caused, that Participant may suffer, or for which I may be liable to any other person, persons, or institutions, during Participant’s participation in the Event and including any period in transit to or from any destination where the Event is being conducted.** I grant permission to MCC and/or Event photographers to photograph Participant with the understanding that MCC and/or the Event photographers have permission to use these photographs for publicity purposes, unless I provide written notice to the contrary.

I, the undersigned, as the parent/legal guardian of Participant; have read the foregoing Release before signing it, including such parts that may subject me to personal financial responsibility, and agree this Release shall define my responsibilities relating to Participant’s participation in the Event and shall be governed by the laws of Missouri, which shall be the forum for any lawsuits filed under or incident to this Release or to Participant’s participation in the Event; agree to be legally responsible for the obligations and acts of Participant; and, understand and acknowledge that no medical, liability, or other insurance coverage will be provided for Participant by MCC during his or her participation in the Event. I understand that I will be responsible for any medical expenses of Participant should he or she become ill or have an accident. Accordingly, I assume responsibility for such and release MCC as outlined herein. No representations, statements, or inducements, either oral or written, apart from the foregoing written statement, have been made.

Further, I, the undersigned parent/legal guardian of Participant, hereby grant permission, in the event that I or the other listed emergency contact cannot be reached within a period deemed reasonable by medical authorities, for any licensed physician to perform any medical procedure of an emergency nature which said physician deems necessary for the health and well-being of Participant throughout the participant’s participation in the Event.

I agree, for myself and the below named participant, to be bound by the terms and conditions of this Release.

Participant Name:	
Name and telephone number of an alternative person(s) to contact in case of an emergency if the parent cannot be located:	
Name: _____	Relationship: _____ Phone: _____
Name: _____	Relationship: _____ Phone: _____
Parent/Legal Guardian Signature:	Date:
Parent/Legal Guardian Name (Print Legibly):	

Event Registration:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Student ID# _____ Campus: _____ Age: _____

Event you are registering for: _____ Date: _____ Time: _____

For Team Events:

Please Mark one below:

I am an individual registrant wanting to be placed on a team

I am on a team

Name of team: _____

What type of activity are you interested in for the upcoming schedule: **(Please check all boxes that apply to you)**

Individual Sports	Team Sports	Individual E-Games	Team E-Games	Recreation Activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list some specific activities you would like to see offered: _____
