



Board of Regents for Higher Education
Manchester Community College

Parental Authorization and Waiver/Release of Liability

Student Name: Last Name First Name MI Banner ID#: [grid]

Address: City:

State: Zip Code: Phone: Email:

Name of activity:

Provided transportation: [checkbox] Bus [checkbox] Airplane [checkbox] Automobile [checkbox] Taxi [checkbox] Other: [checkbox] None
If you are driving, initial here as verification that you have insurance covering your vehicle and passengers.

Location(s) of activity or trip: [checkbox] MCC Campus [checkbox] Other:

Date(s) of activity or trip: to

Sponsoring club/department:

List the name and telephone number of a relative or friend who should be notified in case of an emergency:

Name: Relationship:

Home Phone: Cell Phone:

Doctor: Telephone:

Are you allergic to any medications, or is there any medical or health related information that we should be made aware of by you? If so, please list:

\*\*\*\*\*I understand that I am responsible for my own transportation if I miss the provided transportation.\*\*\*\*\*

I, parent or legal guardian of the above listed individual, a minor child, hereby give permission for my child to participate in activities conducted by Manchester Community College in connection with the above listed activity, hereafter referred to as the Activity.

I certify that my child is physically, mentally and emotionally able to participate in the activity described above. In consideration of being permitted to participate in the Activity, I hereby voluntarily release Manchester Community College and the Board of Regents for Higher Education from any and all liability resulting from or arising out of my child's participation. I understand and agree that I am releasing not only the entities set forth above, but also the officers, agents, and employees of those entities. I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I or my child may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me or my child, arising out of participation in the Activity.

I understand and agree that by signing this Parental Authorization and Waiver/Release of Liability, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me and/or my minor child while participating in the Activity. I understand and agree that by signing this Parental Authorization and Waiver/Release of Liability, I am agreeing to release, indemnify, and hold harmless Manchester Community College and the Board of Regents for Higher Education and their officers, agents, and employees from any and all liability or costs, including attorney fees, associated with or arising from participation in the Activity. I understand that this Waiver/Release of Liability will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children, and any guardian ad litem for said children.

I acknowledge that I have read this Parental Authorization and Waiver/Release of Liability and that I understand the words and language in it. I also understand that this Parental Authorization and Waiver/Release of Liability is valid for the duration of time that my child participates in [the activity] unless rescinded through my written instructions. I am the parent or legal guardian of the minor listed above and I am signing this Parental Authorization and Waiver/Release of Liability on behalf of said minor.

Signature of Participant Date

Signature of Parent/Guardian of Minor Date



Board of Regents for Higher Education

Manchester Community College

Participant's Age (if minor): \_\_\_\_\_ Birthday: \_\_\_\_\_

Liability Waiver for Participation of Minor Student in College Program or Activity\*

Student Name: \_\_\_\_\_ Banner ID#: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Last Name First Name MI

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of activity: \_\_\_\_\_

Provided transportation: [ ] Bus [ ] Airplane [ ] Automobile [ ] Taxi [ ] Other: \_\_\_\_\_ [ ] None
If you are driving, initial here as verification that you have insurance covering your vehicle and passengers.

Location(s) of activity or trip: [ ] MCC Campus [ ] Other: \_\_\_\_\_

Date(s) of activity or trip: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Sponsoring club/department: \_\_\_\_\_

List the name and telephone number of a relative or friend who should be notified in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you allergic to any medications, or is there any medical or health related information that we should be made aware of by you? If so, please list: \_\_\_\_\_

\*\*\*\*\*I understand that I am responsible for my own transportation if I miss the provided transportation.\*\*\*\*\*

Permission is hereby granted for the student listed above to participate in the above listed activity (hereafter referred to as "the Activity"). It is understood that students and parents/guardians will not hold Manchester Community College or its employees liable in case of student accident or injury while participating in the Activity. Permission is also hereby granted to take the student named above to a doctor and/or hospital if there is a need for emergency medical attention.

In order to better serve the needs of each student participant, the College should be informed of any physical/medical restrictions, allergies, conditions, etc. that could affect the student during his/her participation in the activity. Any such information should be submitted as an attachment to this form and will remain confidential at the request of the parent/guardian who signs this form.

Inasmuch as the Activity is an extension of a College program, College and Board of Regents policies and procedures will be observed. If the student violates College or Board of Regents policies, or engages in behavior that poses a risk of harm to property or person, he/she will be sent home at the expense of the parent/guardian. The parent/guardian will be notified of the incident and travel arrangements will be made by telephone.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian of Minor \_\_\_\_\_ Date \_\_\_\_\_

Participant's Age (if minor): \_\_\_\_\_ Birthday: \_\_\_\_\_

\*This form, with the signature of the minor student's parent or guardian, must be submitted at the time of registration for a College-sponsored activity.