



**KENTUCKY WESLEYAN COLLEGE
OFFICE OF ADMISSIONS
WESLEYAN UNCOVERED**

PERMISSION FORM AND RELEASE OF INDEMNIFICATION

In consideration for my child being allowed to participate in the Kentucky Wesleyan College Office of Admissions activities/event. On behalf of myself and my child, I release from all liability Kentucky Wesleyan College, the Trustees of Kentucky Wesleyan College, and their employees, officers, directors, volunteers and agents (collectively "College") from any and all claims, including claims of the College's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss my child may suffer because of my participation in the activity, including travel to, from and during the event.

I am aware my child is voluntarily participating in the activity. I am aware of the risks associated with traveling to/from and participating in the activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my permission for my child to participate in the activity, including travel to, from and during the activity.

I agree to hold the College harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this activity, including travel to, from and during the activity. If the College incurs any of these types of expenses, I agree to reimburse the College. If my child needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

As the parent/guardian of my child, I understand the legal consequences of signing this document, including (a) releasing the College from all liability (b) and assuming all risks of my child's participation in the activity, including travel to, from and during the activity.

I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Parent/Guardian Signature: _____ **Phone:** _____

Parent/Guardian (print): _____

Student Name: _____ **Phone:** _____

Date: _____