

Parental Consent & Release

Student Name: _____

The undersigned, as parent or guardian of the child named above, consents that my child participate in Shawnee State University's **Youth Programs**. I acknowledge that the child named is a minor under that age of 18.

I acknowledge that the program includes indoor and outdoor activities of the nature that may expose the child to hazards or risks that may result in illness, personal injury or death. I understand and appreciate that nature of such hazards and risks.

Although a minor, my child is aware of the risks involved in participating in the program. I assure Shawnee State University that I have carefully counseled my child on the risk of participating. Further, I assure Shawnee State University that there are no physical or other reasons that preclude my child from participating in the program.

I agree that all the requirements, directions and standards set by program staff, use of any equipment or supplies under the supervision of the staff, shall be deemed to have been accomplished for the benefit of my child.

I hereby release and discharge Shawnee State University, its board of Trustees, officers, employees and agents associated or connected with the program from every claim, liability or damage of any kind that may result from my child's participation in the program.

Printed Name: _____

Signature: _____ Date: _____

Your Typed Name serves as your digital signature on this form.