



# Release of Liability Waiver (Minor Participation)

Activity \_\_\_\_\_

Location \_\_\_\_\_

Date Submitted \_\_\_\_\_

Time \_\_\_\_\_

**THIS FORM MUST BE SIGNED PRIOR TO PARTICIPATION IN THE SPORT CLUB PROGRAM.**

I want my child to participate in the above-described activity. I understand that my child does so at his/her own risk. In exchange for my child being permitted to participate in this activity, I, on behalf of myself and my child, hereby release and waive Recreation Services, the University of Kansas, the State of Kansas, the Kansas Board of Regents, any corporations or entities affiliated with the foregoing, and all employees, officers, agents, representatives and volunteers of the foregoing from liability for any and all loss, damage, injuries, claims, demands, lawsuits, expenses and any other liability of any kind, of or to me, my child or any other person, directly or indirectly arising out of or in connection with my child's participation in or attendance in the above-described activity.

I further agree to hold harmless, indemnify and reimburse the Released Parties from and for any sums, costs, or expenses incurred by any of the Released Parties or paid by them to any person (including me, my child, or my insurers) in connection with any accident, loss, damage, or injury sustained by my child, me or others in connection with my child's attendance at or participation in the above-described activity. This means that I will reimburse the Released Parties if anyone makes a claim against them based on damages or injuries I or my child may suffer.

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Guardian Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Phone Number

\_\_\_\_\_  
Address

