

RELEASE AND WAIVER FOR MINOR CHILD

NAME: _____

CHILDREN'S NAME(S) 1. _____
2. _____
3. _____
4. _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME TELEPHONE: _____

WORK TELEPHONE: _____

I, the undersigned, am at least 18 years of age and am legally responsible for my minor child (ren) whose name is printed above. I am signing this document because of my desire to allow my child to use the Student Recreation Center/Racquet Facility (the "facilities") at Ferris State University while being accompanied by the following adult.

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME TELEPHONE: _____

WORK TELEPHONE: _____

I understand and have considered the dangers, hazards, and risks related to the use of the facilities by my child. In consideration of my child being allowed to use the facilities, I agree to assume all risks and responsibilities related to such use.

I release, waive, discharge, and covenant not to sue Ferris State University and its governing board, officers, agents, employees, or students (the "released parties") from and against any and all liability for any harm, injury, damage, claim, demand, action, cause of action, cost, and expense of any nature that I may have or that any accrue to me, my spouse, or nay family member or person or entity, arising out of or related to any loss, damage, or injury that may be sustained by my child or my child's property and which is related to my child's use of or access to the facilities, unless caused by the gross negligence of the released parties.

I also agree to hold harmless, indemnify and defend the released parties from any claim by me or my spouse, family or any person or entity arising from or related to my child's use of the facilities.

I HAVE READ THIS DOCUMENT, UNDERSTAND ITS TERMS AND AFTER CAREFUL CONSIDERATION KNOWINGLY AND VOLUNTARILY SIGN BELOW. THIS DOCUMENT SHALL REMAIN EFFECTIVE FOR ONE YEAR.

Signature

I, the undersigned, understand that I am responsible for accompanying the child at all times.

Signature of Responsible Adult