

RECEIVED DATE

EXPIRATION DATE

# MINOR WAIVER

OFFICE USE ONLY

OFFICE USE ONLY

MINOR

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

PARENT/LEGAL GUARDIAN

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship to child:  Step/Mother  Step/Father  Legal Guardian

**Please check this box only if your mailing address, phone number, and e-mail are the same as your child's.**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

As the parent/legal guardian of the above minor, I, the undersigned, am at least 18 years of age and **legally** responsible for my minor child whose name is printed above. I am signing this document because I wish to allow my child to use the Student Recreation Center, Racquet Facility, and/or related facilities at Ferris State University while in my presence. I understand I am responsible for accompanying my child at all times.

I understand and have considered the dangers, hazards, and risks related to my child's usage of the applicable facilities. In consideration of my child being allowed to use the facilities, I agree to assume all risks and responsibilities related to such use. I will ensure my child and I will abide by the terms and conditions of the facilities' membership application (if applicable).

I release, waive, discharge, & covenant to not sue Ferris State University, its governing board, officers, agents, employees, and/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/or expense of any nature I may have or accrue to me, my spouse, family member, person, or entity. This includes any of the listed effects arising due or related to any loss, damage, or injury that may be sustained by my child or his/her property related to use of or access to the facilities, unless caused by the gross negligence of the released parties.

I agree to hold harmless, indemnify, and defend the released parties from any claim by me, my spouse, family member, person, or entity arising due 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. I understand this document will remain effective for one (1) year from today's date or until the above minor reaches the age of 18 years old.**

Parent's Printed Name

Date Parent's Signature

Date

See Reverse →



FERRIS STATE UNIVERSITY  
RACQUET & FITNESS CENTER

RACQUET &amp; FITNESS CENTER

For a responsible adult other than the listed parent/legal guardian to have permission to accompany the listed minor within our facilities, please list his/her information below. **A responsible adult must be at least 18 years of age.**

RESPONSIBLE ADULT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Please check this box only if your mailing address, phone number, and e-mail are the same as the minor child's.**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
**Responsible Adult's Printed Name** \_\_\_\_\_ **Date** **Responsible Adult's Signature** \_\_\_\_\_ **Date**

RESPONSIBLE ADULT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Please check this box only if your mailing address, phone number, and e-mail are the same as the minor child's.**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
**Responsible Adult's Printed Name** \_\_\_\_\_ **Date** **Responsible Adult's Signature** \_\_\_\_\_ **Date**

RESPONSIBLE ADULT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Please check this box only if your mailing address, phone number, and e-mail are the same as the minor child's.**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
**Responsible Adult's Printed Name** \_\_\_\_\_ **Date** **Responsible Adult's Signature** \_\_\_\_\_ **Date**

