

# MWSU RECREATION SERVICES

## Minor Participation Release

I confirm that I \_\_\_\_\_ am the parent/legal guardian of  
 (Minor's Name) \_\_\_\_\_ (Minor's G-Number) \_\_\_\_\_.

I hereby consent to the above child participating in the activities at the Baker Family Fitness Center. I have provided contact details below and undertake to inform the Missouri Western State University Department of Recreation Services of any changes to this information. I confirm that all details are correct and I am able to give parental consent for my child to participate in all activities offered.

### Contact Details

Parent/Legal Guardian's Phone No.	
Alternative Emergency Contact #1	Name _____
	Phone No. _____
Alternative Emergency Contact #2	Name _____
	Phone No. _____

I hereby give consent, in the event that we cannot be contacted within a reasonable amount of time for: The administration of any treatment deemed necessary for my child; the transfer of my child to a treatment facility (i.e. hospital) if deemed necessary.

This authorization does not cover non-emergency major surgery unless medial opinions of two or more licensed physicians or dentists concurring in the necessity for such a surgery are obtained prior to the performance of such surgery unless all reasonable attempts to contact me/us have been unsuccessful, defining such a period for non-emergency surgery as 24 hours.

**ACKNOWLEDGEMENT AND ASSUMPTION OF RISK OF INJURY TO MINORS.**

I understand and agree that there are risks of significant injury to the Children, whether caused by the Children or someone else, in their use of or presence on the Baker Family Fitness Center premises. I understand and agree that these risks of injury include, but are not limited to, slips, trips, falls, collisions, thefts, equipment failure, or other such accidents or incidents that may result in injury, harm or damage, including but not limited to economic, property, emotional, mental, physical or any other type of damage, including but not limited to sprains, torn muscles or ligaments, broken bones, strokes, heart stress, heart attacks, paralysis, disfigurement, death, or other forms of pain or suffering. On my own behalf, and on such behalf of each of the minor children above, I fully understand, voluntarily accept, and specifically assume these risks of injury to the Children.

**WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT**

On my own behalf, and on behalf of each of the minor Children above, I agree to release and discharge all liability, and waive all claims, demands and actions against, Missouri Western State University, the Board of governors, operators, subsidiaries, affiliates, employees, agents, vendors, and volunteers (collectively, "Missouri Western State University") for any and all injuries, harms, or damages sustained by any of the Children in connection with their use of presence on the premises, or their use of the facilities, equipment, services, programs or activities within or outside its centers, resulting or arising from the negligent acts or omissions of Missouri Western State University, or the negligent acts or omissions of me, any of the Children, other members, guests, visitors or other persons on the premises. I agree to defend, indemnify and hold Missouri Western State University harmless against any and all claims brought by anyone against Missouri Western State University related to such injuries, harms, or damages.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department of Recreation Services Signature

\_\_\_\_\_  
Date