

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING WESTERN IOWA TECH CC (WITCC) FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR.

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of WITCC facilities, services, equipment and premises and any participation in WITCC programs and activities (Welding Camp) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that WITCC, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

- I give permission for the below-named student to participate in the Western Iowa Tech Community College summer camp. I release from liability Western Iowa Tech Community College, staff, and all other adult chaperones.
- I understand Western Iowa Tech Community College will not be held responsible or liable for accidents requiring medical assistance while my child is participating in the above-named camp.
- My child is taking the following medications: _____
- My child has special dietary needs: _____
- I understand my child will be expected to participate in all group activities and use good judgment with regard to how free time is spent. I understand that if my child's behavior is inappropriate or the rules are broken at any time, WITCC staff will notify me and it will be my responsibility to get my child home at my expense.

****Please Complete All Sides***

	Photo Release
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>I authorize Western Iowa Tech Community College to use my image and/or interview information in any marketing, educational or informative materials produced by the college or by an outside agency on behalf of the college. By signing this form, I further release and forever discharge Western Iowa Tech Community College, its officers, trustees, members, agents, designees, and employees from any and all liability whatsoever, including all claims, demands and causes of action of every nature now or in the future, whether known or unknown, and which may hereafter appear or develop arising out of said interview, photograph, videotape, web page and/or film. This is signed solely in reliance on the undersigned's own knowledge, belief, and judgement and not upon any representation made by Western Iowa Tech Community College or others in its behalf.</p>

Summer Camp: _____ Date: _____

 Minor Name (Print Clearly) _____
 Date

 Parent/Guardian Signature _____
 Parent/Guardian Name (Print Clearly)

 Day phone number Night phone number Cell phone number

Minors Home Address: _____ Minors Birth Date: _____

Alternate Emergency contact: _____

 Phone number of Emergency contact Relationship to student

****Please Complete All Sides***

STUDENT BEHAVIORAL AGREEMENT

I understand that as part of the Summer Welding Camp, I will be expected to participate in all group activities and use good judgment with regard to how I spend my free time. I will respect the authority of the WITCC Instructors/Sponsors and the rights of my fellow group members. I understand that the sponsor team should know where I am at all times and that I am not to go outside the Welding area without permission. **I understand there is to be no use of, or possession of, any illegal substances (alcohol, drugs, cigarettes, e-cigarettes) weapons or firearms at any time while attending camp.** I understand that if my behavior is inappropriate at any time or if I break the rules, WITCC sponsors will notify my parents to come get me.

Student Signature

Date

For more information or questions, please call 712 274 6418

Corporate College Team

WITCC

4647 STONE AVE

SIOUX CITY, IA 51106

****Please Complete All Sides***