JAM

Parental Authorization



Parental Authorization, Consent and Release	
	egal guardian of who was born on/ I privileges of a parent or legal guardian necessary to execute this document with
informed that as a child attending the event at Cai degree of risk and danger. Examples of risky and d indoors and outdoors; 2) sports, both informal and	, I certify and affirm that I have been completely and thoroughly irn University, my child will participate in certain activities which carry with them a langerous activities, include, but are not limited to: 1) physical activities, both d organized; 3) use of recreational equipment; 4) travel by automobile, bus or nowledge and understand that Cairn University may offer other activities not listed child.
release has the same force and effect regardless o personally assume, on my child's behalf, all risk in	ties. I acknowledge and understand that this parental authorization, consent and if whether the activities engaged in are free or if a fee is charged. Further, I connection with said activities for any harm, injury or damages that may befall my ctivities, whether foreseen or unforeseen, and I still wish to allow my child to
behalf of my child, I hereby voluntarily release, for those acting on her behalf from any and all claims, participation in these activities or use of Cairn Univex examination or treatment of my child by a physicial to provide health care services for medical care an employees. I give permission to the doctor or heal	icipate in these activities and to use Cairn University's equipment and facilities, on rever discharge, and agree to indemnify and hold harmless Cairn University and , demands, or causes of action, which are in any way connected with my child's versity's equipment and facilities. In cases of emergency, I further consent to the an duly licensed to practice medicine or any health care professional duly licensed and services deemed necessary by Cairn University, its agents, servants, and lith care professional to provide any and all medical care they deem, in their ay for any and all medical expenses incurred as a result of the use of this consent.
conditions that would restrict my child's participat	management of Cairn University of any and all health considerations or medical tion in any and all activities while at Cairn University. Should the need for medical ntact me as soon as practicable under the circumstances.
activities, I may be found by a court of law to have on her behalf on the basis of any claim from which	yone is hurt or property is damaged during my child's participation in these waived my right to maintain a lawsuit against Cairn University or anyone acting I have released them herein. I agree that if any portion of this agreement is found its shall remain in full force and effect. I have fully informed myself of the contents se by reading it before I signed it.
=	child during the Jam event to be used in Cairn publications and on the Cairn n will be disclosed and if I wish to have a photo removed from the website, it will
Signature of Parent/Guardian:	
X	Date:
Phone Numbers where you may be reached:	
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Restrictions/Medications/Allergies/Other Medica	al Information: