

# Kids' Day

## Parental Authorization



### Parental Authorization, Consent and Release Form

I, \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_ who was born on \_\_\_\_/\_\_\_\_/\_\_\_\_. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of \_\_\_\_\_, I certify and affirm that I have been completely and thoroughly informed that as a child attending the event at Cairn University, my child will participate in certain activities which carry with them a degree of risk and danger. Examples of risky and dangerous activities, include, but are not limited to: 1) physical activities, both indoors and outdoors; 2) sports, both informal and organized; 3) use of recreational equipment; 4) travel by automobile, bus or other means; and 5) activities around water. I acknowledge and understand that Cairn University may offer other activities not listed above that present similar risks or dangers to my child.

I consent to my child's participation in these activities. I acknowledge and understand that this parental authorization, consent and release has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use Cairn University's equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Cairn University and those acting on her behalf from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of Cairn University's equipment and facilities. In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine or any health care professional duly licensed to provide health care services for medical care and services deemed necessary by Cairn University, its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of Cairn University of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at Cairn University. Should the need for medical attention arise, Cairn University will attempt to contact me as soon as practicable under the circumstances.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Cairn University or anyone acting on her behalf on the basis of any claim from which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. I have fully informed myself of the contents of this Parental Authorization, Consent and Release by reading it before I signed it. I give my permission to allow photos taken of my child during the Jam event to be used in Cairn publications and on the Cairn website. I understand that no personal information will be disclosed and if I wish to have a photo removed from the website, it will be removed with no questions asked.

### Signature of Parent/Guardian:

X \_\_\_\_\_ Date: \_\_\_\_\_

### Phone Numbers where you may be reached:

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Restrictions/Medications/Allergies/Other Medical Information:

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