Experience Day
LIABILITY WAIVER

I agree to allow my child (hereinafter "child" or "participant") to participate in Experience Day and its activities (collectively, the "Event") sponsored by Emmanuel University. I recognize certain risks and dangers exist in any setting, and I voluntarily assume these risks. I agree that my child is expected to abide by the rules of the Event, and understand that Emmanuel University, its staff, directors, officers, employees, agents, and other Event participants shall assume no responsibility or liability for my child for accident, illness, personal injury, property damage, or other loss caused either by negligence or risks inherent in the Event.

On behalf of myself and my child, I hold Emmanuel University, its staff, directors, officers, employees, and agents harmless from any and all liability, action, claims, and damage of every kind arising from the Event.

I authorize and request such medical and surgical services as may be necessary for the care of my child, and further agree to accept financial responsibility for same.

I authorize Emmanuel University to use photos, and or other likenesses of myself and or my child or the child for whom I have legal guardianship for any promotional materials regarding Emmanuel programs, facilities, or services. Such likenesses will not be sold to other parties. Promotional materials bearing these likenesses may be distributed for free to the public and posted on the Emmanuel University website. Emmanuel reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request of participant, parent or legal guardian.

My signature on this document is also intended to bind my heirs, representative, executors, or administrators, and I acknowledge that I am also signing and agreeing on behalf of my child.

Participant's Name, printed: _____

Participant's Signature: _____Date_____

Parent's Signature:_____Date_____

(If participant under18 years of age)