AGREEMENT, CONSENT, ASSUMPTION OF RISK, RELEASE, AND WAIVER

PLEASE READ THIS CAREFULLY

I, the undersigned are the parent(s)/guardian(s) of the minor _____________________________ (“MY CHILD”), who is a student at ______________________________________________________ (“HIGH SCHOOL”). In consideration of my child being permitted to participate in the program described as, and will include the events listed:

Chicago Bus Trip
Admitted Student Event (“PROGRAM”) at Western Michigan University in Kalamazoo, MI, on February 20, 2017, agree to the following.

I understand that travel to and from Chicago, IL, will be by bus. I acknowledge that there are a variety of risks inherent in traveling by bus. I understand that travel includes risks of physical harm and injury, travel risks, inconvenience, and other risks to which MY CHILD will be exposed. MY CHILD may be coming into contact with individuals with no relationship to WMU, and will be in circumstances, locations, and lodging and have time on her own and that MY CHILD is responsible for her/his own conduct. In consideration of being allowed to participate in this event, WMU facilitating the payment of the costs in conjunction with the travel and event, and the educational opportunity available to MY CHILD, I hereby assume all risks inherent in the travel, event, and connected activities and other consequences which arise in conjunction with the travel and event, and hereby release, relieve, discharge, and hold harmless and shall indemnify WMU, its trustees, officers, employees, and agents from any and all liability or claims of liability, whether for personal injury, property damage, death, or otherwise, arising out of or in connection with MY CHILD’s participation in this event or any travel associated with it.

I further acknowledge and agree that MY CHILD will abide by all laws and Western Michigan University regulations and policies and I understand that if MY CHILD is found to have violated this agreement, any law, University policy, or regulation, MY CHILD will be subject to appropriate discipline.

I also consent to MY CHILD being taken to an appropriate facility for medical treatment in the event of an emergency, and consent to emergency medical treatment being administered to MY CHILD in the event I am unable to authorize such treatment myself.

I HAVE READ THIS AGREEMENT, CONSENT, ASSUMPTION OF RISK STATEMENT, RELEASE AND WAIVER BEFORE SIGNING IT. I UNDERSTAND IT, AND I VOLUNTARILY AGREE TO ALL OF ITS TERMS.

____________________________________________ Date:_______________________
Signature of Custodial Parent

____________________________________________
Printed Name

____________________________________________ Date:_______________________
Signature of Custodial Parent

____________________________________________
Printed Name