

# **Kids College 2009 Program** **Release Form & Participant Agreement**

## **Release Form**

The undersigned, as parent or guardian of the child named on the registration form, desires that my child participate in Kids' College. By execution of this release, I agree that all requirements, directions and standards set by the staff, use of any equipment or supplies under the supervision of the staff, shall be deemed to have been accomplished for the benefit of my child. I also grant permission that any pictures taken containing my child may be used for future promotional purposes. In consideration of HACC's efforts on my child's behalf, I do hereby voluntarily assume all risk of accident, injury, damage, and/or loss to my child's property that may arise out of my child's participation in Kids' College, thereby intending to release HACC, its Board of Trustees, officers, employees and agents associated or connected with Kids' College from every claim, liability, or damage of any kind caused by negligence of HACC, its Board of Trustees, officers, employees, or agents involved or otherwise that may result from my child's participation in Kids' College.

The undersigned acknowledges that the child named is a minor under the age of 18. Although a minor, my child is aware of the risks involved with participating in Kids' College. I assure HACC that I have carefully counseled my child on the risk of participating. Further, I assure HACC, while there are no physical or other reasons that preclude my child from participating in Kids' College, I authorize HACC to obtain such medical care, emergency or otherwise, that it may in its sole discretion deem necessary for my child. Further, I assure HACC that I have adequate health insurance or personal funds to provide payment for all costs of medical care necessary for my child. I agree to indemnify and hold harmless HACC for any costs associated with such care.

PARENT/GUARDIAN SIGNATURE - Required for Enrollment:

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

## **Emergency Contact Information**

	CONTACT 1	CONTACT 2
Name/Relationship		
Work/Home Phone #		
Cell Number #		

*Please list any allergy information that HACC should be aware of:*

\_\_\_\_\_

\_\_\_\_\_

**Kids College 2009 Program**  
**Participant Agreement**

We have read, discussed, and understand the Day Program Handbook and, by signing this participant agreement, do hereby agree to adhere to all policies and procedures detailed in the Day Program Handbook.

*Child's Name (Print) & Child's Signature*

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*Parent/Guardian's Name (Print), Signature & Date*

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**PLEASE RETURN THESE FORMS ASAP, TO CONFIRM YOUR  
REGISTRATION IS COMPLETE.**