

RELEASE OF ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE
PARENT OR LEGAL GUARDIAN CONSENT
FOR PARTICIPATION IN
ARKANSAS STATE UNIVERSITY EVENTS

As the parent or legal guardian of _____, I give my
(Participant's Name)
consent and approval for _____ to participate
in _____
(Participant's Name)
on _____,
(EVENT NAME)
at _____.
(Location) (EVENT DATES)

I recognize and acknowledge that certain risks of personal physical injury, property damage, or other losses exist with respect to participation in this event and further agree to:

Assume all risks of any such personal injuries, property damages, or other losses that participant may sustain as a result of participation in this event.

Fully release and discharge Arkansas State University, its officers, agents and employees from any and all claims from personal injuries, property damages or other loss that participant may suffer on account of participation in said event.

Indemnify and hold harmless Arkansas State University, its officers, agents and employees from all claims, suits, actions, injuries, damages, and losses sustained by participant and arising out of, connected with, or in any way associated with participant's participation in said event.

I HAVE FULLY READ AND UNDERSTAND THE FOREGOING.

Name of Parent or Legal Guardian (Print)

Signature of Parent or Legal Guardian

Date _____

