

WAIVER OF LIABILITY FOR MINOR'S PARTICIPATION IN AN EVENT

Participant's Name: _____

Event: *FReX, Accepted Student Weekend*

Event Date: _____

This Waiver of Liability releases Neumont University from responsibility, liability, and financial obligation relating to the participation of the above named minor during, before, and following the above listed Neumont University event, or any related University sanctioned or unsanctioned events, transportation, or activities. I understand that participation is voluntary and not a required component of enrollment, scholarship, or admission to Neumont University and that while every attempt will be made to ensure the safety of event participants, Neumont is not responsible for any injury or illness which may occur. Additionally, I understand that the participant will be required to present a valid credit card upon check-in at the event hotel for any incidental charges incurred, and that I alone am responsible for those charges.

LIABILITY, LOSS, OR DAMAGE: This Waiver releases Neumont University from all actions, claims, demands, or damages associated with participation in, or resulting from, any known or unknown injury, loss, or damage, sustained as a result of participation in this event, or any unsanctioned activity during the event dates listed.

OBLIGATIONS OF APPROPRIATE BEHAVIOR: I understand that Neumont University maintains the right to dismiss anyone for causing a disturbance and I agree to cover all necessary costs associated with transporting a dismissed participant home. I recognize that Neumont University will not act in a chaperone's capacity, nor will Neumont University provide any personnel to act in a chaperone's capacity during event activities. All event participants left unsupervised at any Neumont activity must be at least 16 years of age, with a maturity level that does not require adult supervision in order to effectively participate in event activities, an unaccompanied stay at a hotel, or during travel via airplane or airport shuttle to event activities.

PROMOTIONAL RELEASE: I grant permission for use of participant's name and photos taken during the event in promotional materials, publications, or on the University Website.

MEDICAL EMERGENCIES: I understand the risks associated with participation in, and transport to, event activities, and permit emergency medical treatment in the event of injury or illness. I authorize representatives from Neumont University to seek medical treatment for my child during the event dates listed, and assume all responsibility for expenses incurred, or which may occur, as a result of medical emergencies relating to participation in the event.

Any necessary emergency medical treatment should be applied to my insurance as follows:

Insurance Policy Number: _____ Insurance Carrier: _____

Carrier Address: _____ City: _____ State: _____

Parent Name: _____ Emergency Contact Number: _____

Parent Signature: _____ Date: _____