

WAIVER OF LIABILITY FOR A MINOR'S PARTICIPATION IN AN EVENT

Participant's Name: _____

Event: *FReX: Accepted Student Weekend*

Event Date: _____

This Waiver of Liability releases Neumont College from responsibility, liability, and financial obligation relating to the participation of the above named minor during, before, and following the above listed Neumont College event, or any related College 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 College 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 in the event I choose to stay at a hotel a valid credit card must be presented at check-in for any incidental charges which may occur, and that I alone am responsible for those charges.

LIABILITY, LOSS, OR DAMAGE: This waiver releases Neumont College 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 College 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 College will not act in a chaperone's capacity, nor will Neumont College 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 public transit 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 College's website and social media including but not limited to Facebook, YouTube, Twitter and Instagram.

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 College 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: _____