Youth Programs: Saturday Explorations
Waiver, Indemnification and Release by Parent or Guardian of Minor Child

Waiver, Indemnification and Release

A) In consideration of participating in any manner in Willamette University Youth Programs: Saturday Explorations, and on behalf of my minor child/children (“child”) identified below, I, the undersigned parent and natural guardian or legal guardian represent that I am, in fact, acting in such capacity and agree to the following:

B) I release and hold harmless Willamette University from liability, for or from, any and all claims, including, but not limited to claims resulting in personal injury, property loss, accidents or illnesses (including death) arising from participation in Willamette University Youth Programs: Saturday Explorations that I or my child may have, arising from or related to child’s participation in i) any of the events or activities conducted by or for the benefit of the Willamette University Youth Programs, and ii) while on the premises of Willamette University, or while using Willamette University-owned or operated facilities or equipment.

C) I do hereby represent that I am, in fact, acting with authority in the capacity of parent and natural guardian or legal guardian, and I, for myself, my heirs, personal representatives or assigns, do hereby release, discharge, waive and covenant not to sue, Willamette University, its board, officers, employees, students, and agents and agree to save, hold harmless, and indemnify Willamette University from all liability, loss, cost, claim or damage whatsoever which may be imposed because of any defect in or lack of such capacity to so act.

D) I also agree to indemnify and hold Willamette University, its Board, officers, employees, students, and agents harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney fees brought as a result of my child’s participation in Willamette University Youth Programs Saturday Explorations, as set forth in paragraph “B)” above, and to reimburse them for any such expenses incurred.

E) This waiver, indemnification and release agreement applies to any activity or action that takes place while my child or I are being transported to Willamette University Youth Programs: Saturday Explorations, and is in effect at any time, I, or my child is present on campus or in any location associated with Willamette University Youth Programs: Saturday Explorations.

F) The undersigned further expressly agrees that the foregoing waiver, indemnification and release agreement is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that, if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
**Medical Treatment/Emergency Release** If my child is rendered incapable, I grant to Willamette University, its agents or officers, and any of its personnel full authority to take whatever action they feel is warranted under the circumstances regarding the participants’ health and safety. Willamette University's personnel will attempt to seek the direct participation of the undersigned where possible. This authority will permit the Willamette University representative, or other appointed official of Willamette University, at their discretion, in the event of injury or illness, to secure any necessary treatment for my child at any point for medical services, including hospitalization, injections, anesthesia or surgery and such medications as may be prescribed, when such treatment is recommended by a qualified physician or surgeon, or, if no hospital is available, to place my child in the hands of a local medical authority to transport my child at my own expense back to the program’s primary site for medical treatment if this is deemed necessary by the University personnel, in consultation with local medical authorities. I and my child agree to hold the University and its representatives harmless for any decisions or actions taken in relation to obtaining medical care for my child.

**Acknowledgment of Understanding and Agreement**
I have read this medical treatment/emergency release and waiver, indemnification and release agreement, and fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

___________________
Initial here

I give permission for my child’s photo and/or comments about the camp to be used by Willamette University Youth Programs, as long as he or she is not identified by name.

___________________
Initial here

**Parent/Guardian Information**
Signature: ________________________________

Print name of adult: _______________________

Address: ______________________ City: ______ State: _____ ZIP ______

Email: _________________________________ Phone: ______________________

Where you may be reached during event

**Participant Information**
Name of Participant: ___________________ Age: ______ Birthdate: ______
