

RECEIVED ON

EXPIRATION DATE

Ferris State University
Racquet & Fitness Center and Student Recreation Center
Release and Waiver for Minor Child

Failure to complete any field on this form will result in the loss of facility privileges.
PARENTS, GUARDIANS, & RESPONSIBLE ADULTS MUST HAVE A COPY OF A PHOTO ID ON FILE.

OFFICE USE ONLY

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Minor Child Information

First Name: _____ Last Name: _____ Birthdate (MM/DD/YY): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ E-mail Address: _____
 Cell Home We will **only** e-mail information pertaining to this waiver.

Parent or Guardian Information

DO YOU HAVE A CURRENT MEMBERSHIP WITH US? (PLEASE CHECK ONE):

☐ Yes

☐ No

Relationship to Child: _____

First Name: _____ Last Name: _____ Birthdate (MM/DD/YY): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ E-mail Address: _____
 Cell Home We will **only** e-mail information pertaining to this waiver.

Responsible Adult Information

For a responsible adult **over the age of 18** to have permission to accompany the above minor within our facilities, please list his/her information below:

Relationship to Child: _____

First Name: _____ Last Name: _____ Birthdate (MM/DD/YY): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ E-mail Address: _____
 Cell Home We will **only** e-mail information pertaining to this waiver.

As the parent/guardian of the above minor, I, the undersigned, am at least 18 years of age and legally responsible for my minor child whose name is printed above. I am signing this document because I wish to allow my child to use the Student Recreation Center, Racquet Facility, and/or related facilities at Ferris State University while in my presence. I understand I am responsible for accompanying my child at all times.

I understand and have considered the dangers, hazards, and risks related to my child's usage of the applicable facilities. In consideration of my child being allowed to use the facilities, I agree to assume all risks and responsibilities related to such use. I will ensure my child and I will abide by the terms and conditions of the facilities' membership application (if applicable).

I release, waive, discharge, & covenant to not sue Ferris State University, its governing board, officers, agents, employees, and/or students (the "released parties") from and against any and all liability for any harm, injury, damage, claim, demand, action, cause of action, cost, and/or expense of any nature I may have or accrue to me, my spouse, family member, person, or entity. This includes any of the listed effects arising due or related to any loss, damage, or injury that may be sustained by my child or his/her property related to use of or access to the facilities, unless caused by the gross negligence of the released parties.

I agree to hold harmless, indemnify, and defend the released parties from any claim by me, my spouse, family member, person, or entity arising due or related to my child's use of the facilities.

I have read this document, understand its terms, and after careful consideration, knowingly and voluntarily sign below. I understand this document will remain effective for one (1) year from today's date or until the above minor reaches the age of 18 years old.

Printed Name of Parent _____ Date _____

Parent Signature _____ Date _____

Printed Name of Responsible Adult _____ Date _____

Responsible Adult Signature _____ Date _____