

LARAMIE COUNTY COMMUNITY COLLEGE / Summer Youth Programing
LIABILITY WAIVER

Participant(s) Name (please print): _____

In consideration of Laramie County Community College granting the Participant(s) to participate in the LCCC Summer Youth Activities, I, Parent or Legal Guardian of Participant, and on behalf of Participant hereby assume all risks of personal injury that may result from participation to Summer Youth activities and agree as follows:

I am aware that there are inherent risks, hazards and dangers including, but not limited to: personal injury, death, disability, and/or loss or damage to personal property, in participating in LCCC Summer Youth Programming. Therefore, Participant hereby assumes full responsibility for the risk of bodily injury, death, or property damage while participating in LCCC Summer Youth Programming and take full responsibility for his/her actions.

Parent or Legal Guardian, on behalf of Participant, hereby releases, waives, discharges, and covenants not to sue, LCCC, nor any of its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers regarding any and all claims arising in direct relation to Participant's assumption of risk in participating in LCCC Summer Youth Programming. I, further acknowledge that the Wyoming Recreation Safety Act, WYO. STAT. ANN. § 1-1-121 et seq., and WYO. STAT. ANN. § 1-1-109 applies irrespective of the age of the person assuming the risk. To the fullest extent permitted by law, I shall indemnify, defend, and hold harmless LCCC, its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers from any and all claims, lawsuits, losses, and liability arising out of Participant's involvement in this activity. Further, LCCC does not waive its Governmental/Sovereign Immunity by executing or entering into this Waiver/Agreement and specifically retains all immunities and defenses available to it as a governmental entity pursuant to WYO. STAT. ANN. § 1-39-101 et seq., and all other applicable laws.

A. Session Attendance Information (Please fill in all that apply)

SEEK WEEK Attendance Information

June a.m.: _____ July a.m.: _____
June p.m.: _____ July p.m.: _____

Name of Additional LCCC Summer Youth Camps

- a. _____
- b. _____
- c. _____

B. Consent for Medical Assistance / Insurance Information / Medical Information

In the event of an injury or serious illness, the parent/legal guardian will be notified by LCCC personnel of the situation. In the interim, I, _____ hereby grant proper LCCC authorities to seek immediate medical attention for _____ (child's name).

(Parent or Legal Guardian Name)

Name of Insurance Company: _____ Policy #: _____

In case of an emergency and the parent/legal guardian cannot be contacted, please contact:

Name: _____ Phone No.: _____

Doctor: _____ Phone No.: _____

List any medical information LCCC should be aware of (allergies, asthma, medications, etc.): _____

C. Transportation

I, as the parent/ legal guardian of the above named child (participant), hereby give permission, in relation to LCCC Summer Youth Programming, to transport the child's to and from the destination. Check the appropriate box.

Permission Granted

Permission Denied

D. Newspaper/Radio/TV Coverage

I, as the parent/ legal guardian of the above named child (participant), hereby give permission, in relation to LCCC Summer Youth Programming, to release the child's name/picture to the media for distribution. Check the appropriate box.

Permission Granted

Permission Denied

Participant agrees to abide by College policies and procedures, including safety rules for the gym facilities and other buildings on the campus property. Participant agrees to comply with any specific instruction or request given by LCCC staff.

I hereby certify that as the Parent/ Legal Guardian of the above Participant, I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this Waiver. I am aware that by signing this Waiver, I assume all risks and waive and release certain substantial rights that I or my child may have. I acknowledge that this Waiver/Agreement is binding upon myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

I, Parent or Legal Guardian of the Participant do hereby claim full and complete financial responsibility for the summer youth courses taken at Laramie County Community College by the above mentioned minor child. These classes are listed in the Session Attendance Information. Participant will be removed from the program if payment is not received 6 business days prior to camp start date.

Please note that a child (or children) WILL NOT be allowed to attend Summer Youth Program activities or classes until this form is completed in its entirety, and submitted to the LCCC Life Enrichment Office located in the CCI Building. Fax # 307.778.1269.

Parent/Legal Guardian: _____
Signature Printed Name

Address: _____
Street/PO Box City State Zip

Home Phone: _____ Work Phone: _____ Cell: _____