Discover Programs Participation Waiver

I, ______________________________, am a parent/legal guardian of ______________________________, and give my consent for my minor child (the “Applicant”) to participate in the Discover Program. I understand that participating in the Discover Program may require vigorous physical activity, which involves certain risks and may result in unavoidable injuries, including but not limited to sprains, broken bones, pulled muscles, or other more serious injuries and illnesses. I also understand that Kansas State University will be transporting the Applicant during the Discover Program, which also involves certain risks and may result in unavoidable injuries, including but not limited to physical injury, or even death or permanent disability. I am fully aware of the risks and possible injury involved in these activities and acknowledge that I am assuming the risk of such injury by the Applicant’s participation in the Discover Program.

I further affirm that I have no knowledge of any reason the Applicant cannot participate in vigorous physical activity. I hereby expressly agree to be responsible for any medical bills incurred in the treatment of any illness or accident the Applicant sustains while participating in the Discover Program. In the event of such accident or injury, I hereby consent to allow any of the camp supervisors to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, and procure any medical treatment deemed advisable on behalf of the Applicant without prior consent. I acknowledge that no primary medical insurance is provided by the Discover Program or Kansas State University.

Knowing these facts and in consideration of the Applicant’s participation in the Discover Program, I agree to release and hold harmless the Discover Program, Kansas State University, and all its employees, agents, members, directors, representatives, the State of Kansas, and its Board of Regents from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost, and expense (including without limitation, attorneys’ fees and costs) arising out of or in connection with the Discover Program, including any claim arising out of or in connection with, whether directly or indirectly, any injuries or illness, mental or physical, damage or loss to person or property that the Applicant may suffer during the Discover Program.

I further acknowledge and authorize the Discover Program and Kansas State University to photograph, videotape, or otherwise memorialize the Applicant and use the photo and/or other digital reproduction, digital or magnetic audio/video recording, or still or other image or reproduction of his/her physical likeness for publication processes, whether electronic, print, digital, or electronic publishing via the Internet. This consent shall be a continuing consent with no limitations or reservations, accepting those stated herein.

I acknowledge that I have read this Assumption of Risk, Release, and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury for my minor child. I further acknowledge that I have signed this document voluntarily and of my own free will.

The Undersigned and participant understand and agree to all rules and guidelines.

Participant Name: ________________________________________________

Parent or Legal Guardian Name: __________________________________

Parent or Legal Guardian Signature: ________________________________

Date: ____________________

Return signed waiver and copy of medical card (front and back) to:
K-State Polytechnic Professional Education and Outreach
Discover Programs
2310 Centennial Rd.
Salina, KS 67401
Fax: 785-826-2632
profed@k-state.edu