

COLUMBUS STATE UNIVERSITY'S RELEASE AND WAIVER FORM – MINOR
DEPARTMENT OF ART

I, _____ the parent/guardian of _____, who is under 18 years old and was born on _____, do hereby give my approval for my child to participate in any and all programs and activities offered through the Department of Art at Columbus State University unless an exception is noted below. I understand that there is some risk inherent in working with artistic materials, such as items dropped on the floor that may cause slipping and tripping, with simple art tools such as scissors that can cut, with paint brushes that can poke, with an environment that is not sterile or free from allergens. I also understand that any horseplay will increase these inherent risks, and I warrant that my child will refrain from such conduct.

I willingly and knowingly assume for my child, self, my heirs, family members, executors, administrators and assign all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the art program, and hereby agree to hold Columbus State University, Columbus State University Foundation Properties, Inc., their employees, Trustees, instructors, facilitators and agents, (all of which are hereinafter referred to as "CSU") harmless for any liability arising out of my child's participations in any of the programs. Should CSU or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold CSU harmless for such fees and costs.

This release includes physical injury, property damage or emotional harm caused by negligence of the employees or agents of CSU when the law allows for a defense of immunity under the Recreational Property Act, the State Tort Claims Act or any other applicable statute or law. This release does not include willful misconduct; however CSU are not liable for the criminal acts of third parties. I further state that in choosing to participate and in signing this agreement, I am not under the influence of any chemical substance including alcohol.

O I also hereby give permission to Columbus State University to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

** ** I have had sufficient opportunity to read this entire ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT. I have understood the agreement as well as the fact that I am giving up substantial rights by signing it. I sign it FREELY AND VOLUNTARILY and I agree to be bound by its items.

Participant Name _____ Date _____ (Valid for 1 year)

Address _____

Phone _____ Signature _____

Legal Guardian/Parent (Print) _____

Excluded Activities:

Valid for 1 year from above date

Rev. 3/1/2012

