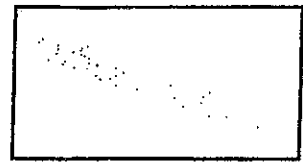


Release and Waiver for Minor Child/Children



With Parent or Guardian

With Responsible Adult Over the Age of 18

Expiration Date: _____

Child's Name (s):

1. _____
Last First M.I.

2. _____
Last First M.I.

3. _____
Last First M.I.

4. _____
Last First M.I.

5. _____
Last First M.I.

Parent or Guardian Name:

_____ Last First M.I.

Street Address: _____

City, State, Zip Code: _____

Cell Telephone: -

Alter. Telephone: -

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

Responsible Adult's Name: NR-FOH Program
Last First M.I.

Street Address: 8835 Oak Rd

City, State, Zip Code: Evart Mich 49631

Cell Telephone: -

Alter. Telephone: -

I understand and have considered the dangers, hazards, and risks related to the use of the facilities by my child. 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 that my child and I will abide by (if applicable) the terms and conditions of the membership application.

I release, waive, discharge, and covenant not to sue Ferris State University and its governing board, officers, agents, employees, 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 expense of any nature that I may have or that may accrue to me, my spouse, or any family member or person or entity, arising out of or related to any loss, damage, or injury that may be sustained by my child or my child's property and which is related to my child's use of or access to the facilities, unless caused by the gross negligence of the released parties.

I also agree to hold harmless, indemnify and defend the released parties from any claim by me or my spouse, family or any person or entity arising from 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. THIS DOCUMENT SHALL REMAIN EFFECTIVE FOR ONE YEAR.

 Print Name of Parent Date Signature of Parent Date

I, the undersigned, understand that I am responsible for accompanying the child at all times

Dawn Krui+hoff 2014 [Signature] 2014
 Print Name of Responsible adult Date Signature of Responsible Adult Date

ATTENTION: Failure to fill out all fields on this form will result in loss of privileges to use the facilities.