

DIVISION OF ADMINISTRATION AND FINANCE



## **BUSINESS SERVICES**

210 Flagg Road, Suite 208, Kingston, RI 02881 USA p: 401.874.2501 f: 401.874.5959

## Minor Consent & Release Form

Williof Consent & Release Form			
		(Child's Name) (hereinafter, "My Child")  (hereinafter "the Activity") to be held on at the University of Rhode Island	
has my approval to participate in			
I know the nature of the Activity and My Child's e participate in the Activity. However, I acknowledge Activity.	experience and capabilitie	s and consider My Child to be qualified to	
In return for My Child's participation in the Activity INDEMNIFY, HOLD HARMLESS and COVENA Education and the State of Rhode Island including (hereinafter collectively referred to as "the University on premises owned or controlled by the University or grossly negligent conduct on the part of the Unitary loss, liability, claim or injury caused by me (m for the activity, or while on premises owned or controlled or controlled by the University or grossly negligent conduct on the part of the Unitary loss, liability, claim or injury caused by me (m for the activity, or while on premises owned or controlled by the University of the activity, or while on premises owned or controlled by the University of the activity, or while on premises owned or controlled by the University of the activity of t	ANT NOT TO SUE, Univits governing board, officisity") from any and all liay, including but not limited. I understand this release versity. I further agree to any child) while participating	versity of Rhode Island, Rhode Island Board of cers, employees, students, agents and volunteers bilities, claims, or injuries, including death, that ed to travel to, from, and for the activity, or while e does not apply to injuries caused by intentional indemnify and hold harmless the University for ng in this activity including traveling to, from, and	
I recognize that the University does not assume resaccident or injury or damage resulting from any as special, incidental or consequential damages arisin	pect of participation in th	e Activity. The University is not liable for any	
I also give permission for My Child to receive any emergency medical transportation, which may be r University (including, but not limited to, each of the representatives) are not responsible for any medical if the University has signed hospital documentation	required for injuries sustaine University's regents, but bill incurred as a result	ined by My Child. However, I agree that the oards, agents, employees, officers or of any personal illness or injury to My Child, even	
I understand that by signing this document, I give to damages for any loss occasioned by the University	•	· · · · · · · · · · · · · · · · · · ·	
THIS IS A WAIVER OF LEGAL RIG	HTS. READ AND U	NDERSTAND BEFORE SIGNING.	
Signature of Parent/guardian	Date	Daytime Phone (Parent/guardian)	
Medical Insurance Company:Policy Number:			
Name of Primary Policy Holder:			

Emergency Contact Name & Phone: \_\_\_