

**Release & Waiver for Programs Involving Minor Children**

I, \_\_\_\_\_ (name), am the parent/legal guardian of the minor child, \_\_\_\_\_ (name) (hereafter referred to as “my child”).

I desire for my child to participate in the \_\_\_\_\_ [name of program/event] being sponsored by DePaul University (“DePaul”) on \_\_\_\_\_ [dates] (hereinafter the “Program”). I understand that this Release & Waiver covers the entirety of my child’s participation in the Program, including any travel to and from the Program.

I acknowledge that I am allowing my child to participate in the Program at my own free will. I acknowledge and appreciate that certain risks are inherent in participating in the Program. These risks include, but are not limited to, the risks of personal injury, illness or death, exposure to or contraction of a communicable and/or infectious disease, including COVID-19 (as defined by the World Health Organization and any strains, variants, or mutations thereof), property damage, and property loss or theft, arising out of accidents, epidemics, illness, disease, risks of travel, negligent acts or omissions of child, myself or others (including DePaul University and its agents and students), or civil disturbances and disorders.

I understand that I am solely responsible for any medical, health or personal injury costs relating to my child’s participation in the Program. Should my child become ill or injured, I give permission for DePaul University and its employees and agents to render first aid and to seek medical treatment or rescue services on my child’s behalf, as they see fit and at my cost. I am further aware that any medical, health and personal injury costs resulting from or relating to the activities undertaken pursuant to my child’s participation in the Program will be my sole responsibility. I agree to be financially responsible for the cost of any medical, health and personal injury costs.

In consideration of my child being allowed to participate in the Program, I personally assume on behalf of my child all of the risks in connection with the Program, whether foreseen or unforeseen.

I HEREBY RELEASE, WAIVE, DISCHARGE AND HOLD HARMLESS DEPAUL, ITS AFFILIATES, SUCCESSORS, TRUSTEES, OFFICERS, MEMBERS, FACULTY, EMPLOYEES, STUDENTS, AGENTS, AND REPRESENTATIVES, PAST OR PRESENT (THE “RELEASED PARTIES”) FROM ANY AND ALL CLAIMS, SUITS, LOSSES, LIABILITIES, JUDGMENTS, COSTS, FEES (INCLUDING ATTORNEYS’ FEES) AND EXPENSES (“CLAIMS”) FOR ANY PERSONAL INJURY, ILLNESS, EPIDEMICS, DISEASE, DEATH, PROPERTY DAMAGE, LOSS AND/OR THEFT OR ANY OTHER OCCURRENCE DURING THE PROGRAM, WHILE MY CHILD IS TRAVELING TO OR FROM THE PROGRAM, OR ARISING OUT OF MY CHILD’S PARTICIPATION IN THE PROGRAM, INCLUDING EMERGENCY MEDICAL TREATMENT OR RESCUE SERVICES SECURED ON MY CHILD’S BEHALF.

I ALSO AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY CLAIMS ARISING FROM OR RELATED TO MY CHILD’S OR MY OWN ACTS OR OMISSIONS DURING THE PROGRAM, INCLUDING TRAVEL TO OR FROM THE PROGRAM.

I enter into this Release & Waiver for myself, my child, my heirs, my assigns and my legal representatives.

***In signing below, I certify that I have read and fully understand the above.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone Number