

## CMU Sibs & Kids Waivers

Thank you for participating in Sibs and Kids Weekend at Central Michigan University. CMU requires parents or legal guardians and CMU students to complete this form prior to participation. Please email copies of the signed form to [sibs@cmich.edu](mailto:sibs@cmich.edu) or bring it on the day of the event.

A separate form must be completed for the following:

- A. Each sib/kid attending
- B. The CMU Student participating

### Medical Release Form

I hereby give my permission to CMU, to provide or seek out any needed medical treatment for my child or myself while they are participating in CMU's Siblings and Kids Weekend. In the event an emergency room is needed, I consent to McClaren Central Michigan Hospital providing treatment. I specifically give my permission for the necessary and emergency care to be given to my child or me. To the best of my knowledge there are no medical conditions that would prevent my child or me from participating in Sibs and Kids Weekend.

Participant Name \_\_\_\_\_

Date \_\_\_\_\_

Student/Parent/Guardian Signature

\_\_\_\_\_

### Waiver of Liability

I hereby acknowledge that participation in Sibs and Kids weekend and all related activities is at the sole discretion and judgement of the parent or guardian or CMU student on behalf of themselves and involves an inherent risk of physical injury. I, on behalf of my child and myself, hereby assume all such risk. I hereby release any agreed hold on Central Michigan University (CMU), CMU Board of Trustees, CMU students and CMU employees of the University from claims, actions, damages and liabilities for personal injury or damage related to or arising out of any Sibs and Kids Weekend activities except where injury or damage is caused by the gross negligence of the university.

I also acknowledge that Central Michigan University is not responsible for lost or stolen property.

Participant Name \_\_\_\_\_

Date \_\_\_\_\_

Student/Parent/Guardian Signature

\_\_\_\_\_

**Photo Release Minor (for participants under the age of 18)**

I am the parent or legal guardian of (“my child”), a participant of the CMU Sibs and Kids Weekend (“Program”), a program by the Office of Student Activities and Involvement located on the campus of Central Michigan University. I hereby consent to the publication and use of my child’s name and/or my child’s likeness (“Likeness”) for the purpose of promotion, publicity, advertising, or other manner or media by the Office of Student Activities and Involvement any other representative authorized to act on behalf of the afore-mentioned entity. Likeness shall include, but not be limited to, photographs, sound and/or video recordings, films, broadcasts, brochures, publications, reports, web pages, promotional materials, or any other audio-visual, electronic, printed, tangible work in any media or format, now known or hereafter to become known, and/or reproductions of any of these. I agree that the actual material involved is and shall continue to be the property of the University and that neither I, nor my child, shall have any right of review or approval regarding the use of my child’s name and/or Likeness in such material. I hereby release and hold harmless, the office along with their respective employees, agents, affiliates, sponsors, or other representatives from any and all claims, demands, or causes of action arising out of the use of my child’s name and/or Likeness, in accordance with the terms of this release. I understand and agree that neither I, nor my child, will be compensated in any way for the use of my child.

Participant Name \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_