



4015 Avenue Q, Galveston TX 77551
409-944-1344

**KIDS COLLEGE 2018
Registration Packet**

<u>Student Information</u>			<u>Parent/Guardian Information</u>	
Students name:			Parent #1	
DOB:	AGE:	SS#:	Daytime Phone:	Email Address:
Address:			Parent #2	
			Daytime phone:	Email Address:
<p>_____ (initial) I understand that it is my responsibility to sign my child in and out within 15 mins of class time.</p> <p>_____ (initial) I have provided all medical information regarding my child to Galveston College and give permission to call an ambulance should any situation occur that requires medical care.</p> <p>_____ (initial) I understand that each instructor that accompanies a class will have contact and medical information for the students.</p>				
Please list anyone authorized to pick up your student:				
Name:		Relationship to Student:		TEXAS ID #
Daytime phone:			Evening phone:	
COURSE NAME	DATE	Cost:		

Talent Release:

1. I authorize Galveston College and its agents to photograph, videotape, audio record, televise, duplicate, and/or otherwise record my child's image, voice and likeness. I understand that Galveston College will own these recordings
2. I irrevocably authorize Galveston College and its agents to use, display, publish, and distribute these recording for any purpose on websites, publications, broadcasts, displays and any other medium.
3. I waive the right to inspect or approve these recordings or material that may be used with them now or in the future, whether that use is known to me or not.
4. I release Galveston College, its regents, employees and agents from all liability arising out of the use of these recordings, including but not limited to any claims arising out of my right of privacy or right of publicity and any claims based on any distortions, optical illusions, or faculty mechanical reproductions.
5. I understand that I will not be compensated for any of use of these recordings.
6. I understand that this is a legal document and represent that I have read it and understand that I am signing it voluntarily.

I consent to the above information _____ yes ___ no

Signature of Parent/Guardian: _____ Date: _____

Waiver, Indemnification, and Medical Treatment Authorization

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of Kid College, at Galveston College. I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes Galveston College, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by Galveston College, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of Galveston College. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to physical injury, and I choose to voluntarily participate/allow my child in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge that there may be physical pain and strenuous activities associated with Kids College. I know of no medical reason why I//my child should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.
3. NO INSURANCE. I understand that Galveston College may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organizations may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as to additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
4. BINDS HEIRS. It is my expressed intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, agents or personal representative if I am deceased and shall be governed by the laws of the State of Texas.
5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand Galveston College and its agents cannot be expected to control all the risks articulated in this form and Galveston College may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless Indemnitees for any costs incurred to treat my child, even if the INDEMNITEE has signed hospital documentation. I future agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, Galveston College from any and all liabilities, claims, demands, injuries, (including death), or damages. Including court costs and attorney's fees and expenses, that may be sustained by me/my child. While receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustains as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of Galveston College. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements or inducements apart from the terms contained in this agreement. I execute this document for full adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and/or my child. I further understand that this is a voluntary extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

Signing this document constitutes my acceptance of these conditions.

PARENT OR GAURDIAN PRINTED NAME: _____

SIGNATURE: _____ DATE: _____