

AUTHORIZATION, ACKNOWLEDGMENT AND ASSUMPTION OF RISK, AND AGREEMENT TO
RELEASE AND INDEMNIFY WESTERN MICHIGAN UNIVERSITY

BY PARENT/GUARDIAN OF MINOR STUDENT FOR PARTICIPATION IN
“BEYOND THE LEMONADE STAND” AN ENTREPRENEURSHIP CAMP
FOR STUDENTS WHO HAVE COMPLETED GRADES 8 – 12

My child intends to participate in “Beyond the Lemonade Stand” an entrepreneurship camp for students who have completed grades 8 -12, sponsored by the Western Michigan University Haworth College of Business and the College of Engineering and Applied Sciences (the “Program”). I understand that the conditions for participation in the program must be agreed to, and this form must be fully completed and submitted to our office before my child will be allowed to participate in the Program.

I understand that part of the Program will involve and include a walking tour of various Business and Technology Research (BTR) Park businesses. I understand that at least one faculty member and another adult will chaperone and accompany all participants on the walking tour.

I authorize WMU and its employees to obtain medical treatment for my child for injury or medical problems and to incur medical costs necessary to provide medical treatment for my child, for which I shall be fully responsible, but understand and agree it is not their obligation or duty to do so. I understand and agree that treatment may proceed before I am contacted if it appears to the WMU representative that the situation warrants immediate medical attention. I also consent for my child’s picture and/or video to be used in WMU HCOB/CEAS materials for promotional and/or training purposes.

Minor student’s full name: _____

Address:

Student Phone number: _____

Primary care physician: _____

Physician address:

Physician phone number: _____

Name of parent/guardian having legal custody of student: _____

Parent/Guardian phone number: _____

Parent/Guardian email address(es): _____

Type of medical insurance: _____

Policy number: _____

Coverage is under the name of: _____

List any medical problems, allergies, or other relevant information that we should be aware of in case medical treatment is sought:

I also hereby release Western Michigan University, its Board of Trustees, officers, employees, directors, staff, faculty, volunteers, and students (individually and collectively "Released Parties") from any and all liability that may result from participation in the camp. I also agree to defend, indemnify, and save and hold harmless the Released Parties from any and all suits, claims, damages, costs, and expenses of every kind and nature which might be asserted against any or all of the Released Parties by me or my minor child or others which may arise in any way from my child's participation in this camp.

Student signature: _____ Date: _____

Custodial Parent/Guardian Signature: _____ Date: _____

Custodial Parent/Guardian Name Printed: _____

Custodial Parent/Guardian Address:

Custodial Parent/Guardian Signature: _____ Date: _____

Custodial Parent/Guardian Name Printed: _____

Custodial Parent/Guardian Address:

