



CONSENT/RELEASE FORM – UNDER 18 YEARS OF AGE

The legal parent or guardian of each enrolled student attending Weatherford College Continuing Education classes **MUST** complete this form. **No student, under 18 years, will be permitted to attend class without presenting this completed and signed form at registration.**

Student's Name: _____ Social Security #: _____ (required)

I, the undersigned legal parent or legal guardian, hereby consents to my child/youth to participate in instructional classes and events and all activities pertaining to the class curriculum.

Authorization is hereby given for emergency medical treatment to be administered and/or physicians to examine, treat, and/or refer to an appropriate physician or health facility, the above named student, when or if the need for such treatment is immediate and when efforts to contact the below mentioned parties are unsuccessful. If I cannot be reached at the telephone number as indicated, I hereby authorize the staff/instructor/indemnified parties of Weatherford College to make emergency medical decisions for my child/youth. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby indemnify and hold harmless Weatherford College, and their board, officers, directors, agents, instructors, employees, volunteers and representatives (the "Indemnified Parties") from and against any and all liability, damages, actions, causes of action, claims, losses and/or expenses, including, but not limited to, attorneys fees, court costs and expenses arising in connection with or based on injury to or death of any persons or property, including the loss of use thereof, caused in whole or in part by any member of Weatherford College, regardless whether or not caused in whole or in part by the negligence of the Indemnified Parties, or any one or more of them. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and have understood.

PRINT Name of Parent or Legal Guardian: _____

Signature of Legal Parent or Legal Guardian: _____ Date: _____

Telephone number in case of emergency: Primary # (_____) _____ Alternate # (_____) _____

***Student's statement:**

I will obey the rules and regulations of Weatherford College and will cooperate with the staff and/or instructors.*

Student's Signature: _____ Date: _____