



## RELEASE OF CLAIMS FOR FUTURE ACCIDENTS

(Please fill out thoroughly)

I \_\_\_\_\_ of \_\_\_\_\_  
(Parent or Guardian) Please Print

City of \_\_\_\_\_, State of Texas, hereby affirm that my child,

\_\_\_\_\_  
(Child's Name) Please Print

will be participating on **June 18 – June 23, 2018** in the

### **The Capstone Leadership Experience I**

(Trip or Activity hereinafter referred to as "the Activity")

I certify that I am cognizant of the inherent dangers associated with my child's participating in the Activity and with the fact that participating in the Activity may take place outside of, or off, school premises.

I understand and agree that Capstone College and Career Advising LLC nor its trustees, representatives, instructors, or agents may be held liable in any way for any occurrence in connection with my child's participating in the Activity which may result in injury, harm, or other damages to me or my family.

As a part of the consideration for being allowed to enroll and participate in the Activity, I hereby personally assume all risks in connection with my child's participation in the Activity. I FURTHER RELEASE CAPSTONE COLLEGE AND CAREER ADVISING LLC, ITS TRUSTEES, EMPLOYEES, AGENTS, AND REPRESENTATIVES FOR ANY INJURY OR DAMAGE WHICH MAY BEFALL MY CHILD WHILE MY CHILD IS ENROLLED IN OR PARTICIPATING IN THE ACTIVITY. I FURTHER AGREE TO SAVE AND HOLD HARMLESS CAPSTONE COLLEGE AND CAREER ADVISING LLC, ITS TRUSTEES, EMPLOYEES, AGENTS, AND REPRESENTATIVES FROM ANY CLAIM BY ME, OR MY FAMILY, ESTATE, HEIRS OR ASSIGNS ARISING OUT OF OR RELATING TO MY CHILD'S ENROLLMENT AND PARTICIPATION IN THE ACTIVITY. I also authorize Capstone College and Career Advising LLC to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm, or accident occur to my child while participating in the Activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release on behalf of myself and my child; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

I have executed this affirmation and release on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SIGNATURE: \_\_\_\_\_  
(Parent or Guardian)

### **Personal/Family Health Care information**

Health Insurance Provider _____	Family Physician _____
Phone # _____	Phone # _____
Insurance Policy # _____	Parent Emergency Phone # _____
Name of insured _____	Alternate Emergency # _____
Insured Social Security # _____	