

**Bethel University Little Siblings Weekend Parent Authorization, Waiver and Release of Liability, and
Medical Treatment Permission for Minor Child
March 2nd-3rd, 2018**

Description of Activity: Bethel University's Little Siblings Weekend ("Little Sibs Weekend") is a Student Activities event where current students' younger siblings spend the weekend on campus. There will be events for students to attend with their siblings both Friday night and Saturday during the day.

I, _____, parent or legal guardian of _____,
(Printed Name of Parent or Guardian) (Printed Name of "younger sibling")

and _____

(Printed name of my child currently attending Bethel University, "older sibling")

hereby give my permission for the younger sibling to participate in the **Bethel University Little Sibs Weekend** activities held on March 3-4th 2017..

I certify that the younger sibling is physically fit such that he/she is able to participate in **Bethel University Little Sibs Weekend** activities.

I understand that the younger sibling will have adult supervision while engaged in planned events on March 3rd, but that there will be times that he/she is not supervised throughout the weekend, such as while on campus with the older sibling between activities.

I also understand that the younger sibling may be sleeping overnight in a student residence belonging to Bethel University during this activity. If so, I give my permission for the younger sibling to do that. I understand that the younger sibling will not be supervised in the residence hall by Bethel University staff and will be under the supervision of the older sibling.

The younger sibling named above has my permission to participate in the **Bethel University Little Sibs Weekend**. I understand that participation may involve some physical activity which could result in injury. I certify that the younger sibling is in good physical condition and is fully able to participate.

I agree to allow the younger sibling to be transported by First Student Transportation during **Bethel University Little Sibs Weekend**. I have instructed the older sibling to consult with me before transporting the younger sibling in any other way.

Furthermore, I have instructed the older sibling about any allergies, medical conditions, and medication needs of the younger sibling and the older sibling is assuming responsibility to address those needs.

Knowing this, and in consideration of the younger sibling being permitted to participate in **Bethel University Little Sibs Weekend**, I assume full responsibility for any and all risk of death or personal injury or property damage suffered by me or that younger sibling, and I hereby voluntarily release indemnify and hold harmless Bethel University, the Bethel University Board of Trustees, employees, officers, volunteers, agents, successors and assigns from any and all liability and ordinary negligence associated with this **Bethel University Little Sibs Weekend** event, and from any and all claims or causes of action, suits, damages, judgments, claims for personal injuries, injuries to reputation, breach of contract, property damage, consequential loss, costs, including attorney's fees, grievances and/or demands of any description whatsoever, which may arise in connection with this **Bethel University Little Sibs Weekend** event.

In the event of a medical emergency involving the younger sibling, I authorize Bethel University to designate a physician, hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to him/her,

and release Bethel University from any liability for injury or harm to that child which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the younger sibling is covered by adequate medical insurance.

I acknowledge that I have read and understood this **Parent Authorization, Waiver and Release of Liability, and Medical Treatment Permission** and agree that this **Parent Authorization, Waiver and Release of Liability and Medical Treatment Permission** will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian ad litem for said children.

I understand that this release is intended to be as broad and inclusive as permitted by the laws of the state of Minnesota, and agree that if any portion is held invalid, the remainder of this release will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Ramsey County in the state of Minnesota.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING!

_____ (Signature of Parent or Guardian)

_____ (Date Signed)

Parent/Guardian Information

Home Address: _____

Work phone number: _____

Home phone number: _____

Cell phone number: _____

Older Sibling's Dorm/Residence: _____

Older Sibling's Cell Phone Number: _____