RELEASE OF LIABILITY

I (we), __________________________________________, want our minor child, __________________________, to participate in the Hawk Fitness Academy offered by the Department of Health, Sport, and Exercise Sciences at the University of Kansas. In consideration of my minor child being permitted to participate in the Hawk Fitness Academy, I (we) hereby agree as follows: I (we) understand and acknowledge that the Hawk Fitness Academy, the Department of Health, Sport, and Exercise Sciences, the University of Kansas, the Kansas Board of Regents and the State of Kansas and their employees and agents, are not responsible for any injuries or illness of my (our) minor child existing prior to their participation in the Hawk Fitness Academy.

I (we) hereby authorize the employees of the foregoing entities to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I (we) am (are) contacted to make decisions concerning treatment. I understand that treatment of minor injuries such as an ankle sprain can be treated with conservative measures such as ice packs, but no medication will be administered to my (our) child without prior written or oral authorization from me(us) unless emergency conditions require otherwise.

I (we), on behalf of myself (ourselves) and my (our) child, hereby release the Hawk Fitness Academy, the Department of Health, Sport, and Exercise Sciences, the University of Kansas, the Kansas Board of Regents and the State of Kansas and their employees and agents, from all claims for injuries, or damage to property, which may be sustained by my (our) child while participating in the Hawk Fitness Academy. I (we) further agree to indemnify the Hawk Fitness Academy, the Department of Health, Sport, and Exercise Sciences, the University of Kansas, the Kansas Board of Regents, and the State of Kansas, and their employees and agents, and to hold the foregoing harmless from any and all claims for injury or property damage which are caused by or are the result of actions or omissions of my (our) minor child.

Signature of parent or guardian __________________________________________________________

Print Name of parent or guardian _______________________________________________________

Subscribed before me, a notary public, this ____________ day of ________________, 2016. ____________________________________________

Notary Public

My commission expires: ______________________