PROGRAM PARTICIPATION AGREEMENT FOR MINOR

My child,, a min	nor, wishes to participate in
The intent of this section is not to scare, but to inform. I am aware that the above named program exposes my child, a minor, to the risks of injury from various activities including, but not limited to, summer residency, monthly Saturday workshops, special events, study hall, travel, and sports activities including swimming. These activities involve risks and potential injury, including, but not limited to, death, drowning, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that equipment provided for my child's protection may be inadequate to prevent serious injury. I understand while attending the above named program, following directions, rules and regulations will minimize the risk for the other participants and my child.	
	of the above named program rules, regulations, and instructions. My
understand that despite safety precautions, Willa	pation in the above named program is strictly voluntary. My child and I mette University cannot guarantee that a participant will not be injured. ove named program and all related activities at my child's own risk.
In case of emergency, I authorize the staff of Willamette University to obtain whatever medical transport and treatment is necessary for the welfare of my child. All charges and fees incurred in the rendering of transport and treatment is my financial responsibility.	
My child, a minor, and I understand that I will b	e financially responsible for any property damage that my child causes.
In consideration of my child, a minor, being allowed to participate in the above named program, and intending to be legally bound, my child, a minor, and I hereby waive, release and forever discharge any and all rights, actions, and claims which my child, my child's heirs, executors or assigns, and I or my heirs, executors or assigns may have against Willamette University and all of their respective officers, directors, trustees, agents, employees, representatives, successors, assigns and affiliates for death, injury, loss and any and all damages which my child may sustain and/or suffer in connection with my child's participation in the above named program.	
I agree to indemnify Willamette University for all legal claims, including attorney's fees, brought against it because of the negligent or intentional acts of my child while participating in the above named program.	
I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Oregon, and I agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that any legal proceedings arising from this Agreement shall be filed in a court having jurisdiction over Marion County, Oregon. Oregon law shall apply to all such actions.	
are giving up legal rights and/or remedies, whi	ny child,, and am form and fully understand that by signing this form, my child and I ch may be available to me for the ordinary negligence of Willamette sted above. I understand that this agreement is a binding legal document.
CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING:	
Print Parent/Guardian Full Name	Print Child's Full Name
Parent/Guardian Signature and Date	Participant Signature and Date