Liability Waiver—Teen Leadership Conference

Personal Information

|  |  |
| --- | --- |
| Name | |
| Street Address | |
| City/State/Zip | |
| Parent/Guardian Name | |
| Parent Phone | Student Phone |

Clarks Summit University Event

|  |
| --- |
| Event attending |
| Dates |

Waiver

Because you have indicated that you, or your child does not currently have health insurance, Clarks Summit University asks that you sign this waiver of liability before attending Teen Leadership Conference.

Participant shall indemnify and hold harmless Clarks Summit University, its officers and employees, in either their individual or official capacities, against any and all claims for loss, injury, or damage to persons or property, including claims arising out of activities conducted by Participant or its guests on or in University buildings, properties, or facilities unless proximate cause of such loss, injury or damage is directly due to the negligence of Clarks Summit University, its officers, directors, agents and/or employees.

I agree to hold Clarks Summit University harmless for all occurrences relating to this event. I understand that this event is voluntary on my part and has been initiated at my request.

I also authorize the director of this event to act for me according to their best judgment in any medical emergency. I understand that any insurance claims will be filed with my personal insurance.

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| Student Signature (if 18 or older) | Date |
| Parent Signature (if under 18) | Date |
| Emergency Contact Name | |
| Emergency Contact Phone | |