Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by Southwestern College to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used in the event medical intervention is needed and that I am responsible for the payment of any/and all medical services.

I understand all reasonable safety precautions will be taken at all times by Southwestern College and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Southwestern College, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the undersigned.

Parent/Guardian Signature_____

Parent/Guardian Signature_____

Notarization

BEFORE ME, the undersigned authority, this day personally appeared_____, known to me to be the person whose name is subscribed to the above and foregoing instrument and acknowledge to me that he/she executed the same for the purposes and consideration on therein expressed.

Given under my hand and seal of office this_____day of_____, 20____.

_____, Notary Public, State of _____

Affix the Seal_____

Southwestern College
Student Photo/College Web Page Release

In consideration of my attendance at and participation in college programs, events, or camp programs (athletics included) at Southwestern College, Winfield, Kansas, I hereby grant permission and authorization to Southwestern College to use any photograph or video or film containing my likeness in publications and communications (including publication on the Southwestern College webpage about the program, event, or camp for Southwestern College). I understand that my name and address will not be used without specific permission to do so.

Signature_____

Parent/Guardian (If 17 or under)_____