

Return 1 week prior to travel to:
Office of Vice President for Student Services
Kim Byrd, GW412
307-268-2210

RELEASE AND INDEMNIFICATION AGREEMENT – Minor

PARTICIPANT: _____
Name (Last, First – please print or type)

Address: _____
(Street or PO Box, City, State, Zip)

Purpose of Activity or Travel _____

I/We am/are the Parent(s)/Guardian(s) of the above named Participant, who is under eighteen years of age. I/We further represent and warrant that I/We am/are fully competent and am/are legally authorized to sign this agreement on behalf of the Participant.

I/We give permission for Participant to participate in the above referenced Activity or Travel. I/We acknowledge that the nature of the Activity or Travel may expose our Participant to hazards or risks that may result in Participant's illness, personal injury or death and I/We represent and attest that I/We have duly considered, understand, and appreciate the nature of such hazards and risks.

In consideration of the Participants participation in the Activity or Travel, I/We hereby for ourselves, the Participant, and his/her heirs, successors, and assigns, release, acquit, and accept all risk to the health, injury or death that may result from such participation and I/We hereby release Casper College, its governing board, officers, employees, agents and representatives from any and all liability to me/us, our personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to the Participant's property and for any and all illness or injury to the Participant, including the death, that may result from or occur during participation in the Activity or Travel, whether caused by negligence of Casper College, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless Casper College and its governing board, officers, employees, agents and representatives from liability for the injury or death of any person(s) and damage to property that may result from my participant's negligent or intentional act or omission while participating in the described activity or travel.

I/WE REPRESENT THAT I/WE HAVE READ THIS AGREEMENT, UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY PARTICIPANTS INJURY OR DEATH OR DAMAGE TO MY PARTICIPANTS PROPERTY THAT MAY OCCUR WHILE PARTICIPATION IN THE DESCRIBED ACTIVITY OR TRAVEL AND IT OBLIGATES ME/US TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY OR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY PARTICIPANTS NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Guardian

Signature of Witness

Printed Name of Parent/Guardian

Printed Name of Witness

Date Signed: _____