UNIVERSITY OF FINDLAY MINI MAJORETTE CLINIC REGISTRATION

Student's Name: _____ Grade/Age: _____

Parent's Email for Registration Confirmation: _____

PARENT'S INDEMNIFICATION AGREEMENT

In consideration of the acceptance of this application by the University of Findlay Majorette Clinic at the University of Findlay on behalf of the applicant:

Participant Name: _____

T Shirt Size: YS YM AS AM AL ALX (Please Circle)

Who is not yet of age, the undersigned parent or parents (or guardian) of said applicant does/do hereby promise and agree to indemnify and save and keep harmless said the University of Findlay Mini Majorette Clinic Staff and the University of Findlay against any and all loss, damage, or expense which they may sustain or be liable for in the consequence of the acceptance of the application and/or performance of the course of instruction contemplated therein. We, the undersigned and each of us do further waive, release and relinquish to the University of Findlay Mini Majorette Clinic, the University of Findlay, it's instructors, agents or employees, and liabilities for injuries or damages occurring to the person or property of our son/daughter or ward during the course of instruction as a participant in the University of Findlay Majorette Clinic under the auspices of the University of Findlay in the same manner of said liabilities are waived and released by the applicant to which this indemnification is attached. The indemnification and obligation shall be binding personally and upon the estates of the undersigned.

In the event of illness or injury of my child and reasonable attempts to contact me at:

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Having been unsuccessful, I hereby give my consent to have any treatment deemed necessary by a local licensed physician or dentist and the transfer of the child to Blanchard Valley Regional Hospital, if necessary.

Facts concerning my child's medical history, including allergies, medications being taken, and physical impairments to which a physician should be aware: _____

_____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Signature _____

Please Print Name: _____

Any questions, please call Kelley Hutton at 419-434-4531 or email at huttonk@findlay.edu.
Thank you!