

Franklin College Parental Permission/Liability Waiver Form

I/We grant permission for my/our son/daughter,

_____ ,
age _____ to participate in *Franklin College Girls 4v4 Futsal Tournament*. I/We further certify that he/she is in good physical health for such participation as verified by a physician's examination administered during the past twelve months.

I/We agree to indemnify, save, and hold harmless Franklin College of Indiana (College), its Board of Trustees, officers, employees, and agents against any and all property losses and/or judgments rendered against the event.

I/We also agree to release, waive and discharge the College, its Board of Trustees, officers, employees, and agents from any and all liability to the undersigned, his/her, or their personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore, on account of injury to the person or property of, or resulting in the death of, the undersigned's child or ward arising out of or related in any way to the undersigned's child's or ward's participation in or presence at event.

I/We further grant permission for my/our son/daughter to be treated by a local physician or hospital emergency room personnel if necessary. Note: If this form is not notarized, verbal permission will be required before your son/daughter can be treated by a local physician or ER personnel.

Parent/Guardian

Signature _____

EMERGENCY INFORMATION

Parent/Guardian

Name(s): _____

Email: _____

Contact Phone (_____) _____

Name of Insured: _____

Insurance Company _____

Policy Number _____

Family Physician (name) _____

Family Physician (Office Phone) _____

Allergies _____

Special Instructions _____