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**WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE**

**To be signed by parent/guardian of student participating in the event identified below.**

I am aware of the dangers and risk to my child’s person and property involved in participating in **HealthForce Minnesota and the Rochester Public Schools Health Career Day Camp** **2012** under the auspices of the State of Minnesota. On behalf of my child, my child’s personal representatives, heirs, next of kin, successors and assigns, I hereby:

1. waive, release, and discharge the State of Minnesota, HealthForce Minnesota, the Rochester Public Schools and their officers and employees from any and all liability for my child’s death, disability, personal injury, property damage, property theft or claims of any nature which may hereafter accrue to my child and/or my child’s estate as a direct or indirect result of my child’s participation in the activity or event: and
2. agree to indemnify, save and hold harmless the State of Minnesota, HealthForce Minnesota, the Rochester Public Schools and their officers and employees from and against any and all claims of any nature including, but not limited to, all costs, expenses and fees directly or indirectly arising out of or resulting from my child’s actions during this activity or event.

I hereby consent for my child to receive medical treatment that may be deemed advisable in the event of my child’s injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned parent/guardian, acknowledge that I have read and understand the above Waiver of Liability, Indemnification and Medical Release, and that I am signing it freely and voluntarily.

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print)

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print)

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_