

Release and Waiver of Liability Form



Student Printed Name: _____

Photo and Video Release: I hereby affirm that I am the parent/guardian of the above named minor. I hereby grant permission to Prairie State College (PSC) to use the said minors photograph or video on its website or in any other publication used for the college. I acknowledge the college's right to crop or treat the photograph or video at its discretion. I also acknowledge that the college can use this photo or video at any time. I hereby waive any right that I may have to inspect or approve the finished product or the use to which it may be applied. I hereby waive all rights to receive compensation in connection with the taking and use of my photograph or videotaped image by PSC, District 515, its agents, successors and assigns, and all persons acting with its permission or upon its authority. By signing below, the undersigned hereby acknowledges that he or she has read and understands the contents of this document.

- Yes, I confirm that I have read and understood the above, and give permission to photograph my child.
- No, I do not wish to have my child photographed.

Parent/Guardian Signature: _____ Date: _____

Health of Child: I represent that my child is not sick and does not have any illness or disease that is contagious. Further, I agree that if my child becomes ill and is believed by the Kids@College staff to be contagious to the other children or personnel in the PSC Kids@College program or has a fever of one hundred and one degrees (101) or higher, I will promptly pick up or arrange for another person whom I designate to pick up my child from the Kids@College program immediately.

Medical Treatment: I understand and agree that PSC does not have medical personnel available at the campus and is not authorized to administer medication. In the event that I, or the persons on the Emergency Contact Form, cannot be reached, I hereby authorize emergency medical treatment for my child, if necessary, at my expense. I am responsible for all medical care expenses incurred to treat my child's injuries including, without limitation, medical transport, physician, hospital, lab, drug, and device expenses. For medication disbursement, please see Health and Medication form for additional information.

Technology Use: I hereby give permission to allow my child internet access through the network at PSC. I understand that internet and computer access is designed for educational purposes, by that, PSC cannot completely prevent access to controversial materials and I will not hold PSC or its employees responsible for materials acquired on the Internet. Students are responsible for appropriate and respectful behavior and use of PSC computers and computer lab. Students can only use the internet resources while under the supervision of a teacher or another staff member. I understand that students are not permitted to possess a cell phone or electronic gadgets on school grounds.

Acknowledgement of understanding: Praise and positive reinforcement are effective methods of behavior management of children. I understand the Kids@College program views behavioral management as a positive learning experience and will never use physical discipline with my child. Should problems arise which are inconsistent with the Kids@College program goals, every attempt will be made to rectify the situation.

I have read this waiver in its entirety and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

In addition to this waiver form, I acknowledge the Student Code of Conduct Form and Health and Emergency Contact Form will be a requirement to be signed for acknowledgment of receipt and understanding prior to my child(s) first day at Kids@College.

Printed name: _____

Signature of Parent/Guardian: _____ Date: _____