



# Participant Waiver

Department of Art | Phone: 575.562.2377 | ENMU Station 16

Name of event participating in: \_\_\_\_\_

## Participant Information

Legal name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (for coming fall semester): \_\_\_\_\_

Father's/Guardian's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's/Guardian's Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's/Guardian's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's/Guardian's Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

In case of emergency, call: \_\_\_\_\_ Phone: \_\_\_\_\_

## Health Information

Please list any physical limitations or health factors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications your child is taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any food or other allergies your child has:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Acknowledgement and Signature

I hereby grant permission for my child to participate in all activities. My child is physically able to participate in all aspects of the activities (except for those listed above). I understand photos of my child may be taken in the course of normal activities and may be used for promotional materials for future University events. I hereby release the University and its employees and those who will be working with the students from any liability in the event of illness, injury or loss occurring to my child or their personal belongings and will make no claim as a result thereof. I hereby give permission for my child to be medically treated, as deemed necessary by the event staff or other University personnel. I hereby authorize any licensed medical person or facility to treat my child. I agree to assume full financial responsibility for any medical services provided.

\_\_\_\_\_  
Parent/Guardian printed name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date