

**Please Read Before Signing!  
Waiver & Release of Liability**

I hereby give my permission as the parent or guardian of the above to participate in Summer Camp Activities at Kirkwood Community College. I acknowledge that Participant is physically and mentally able to participate in these activities and programs. I understand there are certain risks associated with those activities and programs, and I assume the risks to Participant associated with those activities and programs. I understand that I am responsible for insurance coverage for Participant.

I, as an authorized representative of the participant, understand that participation in Summer Camp Activities is conditioned upon execution of this Waiver and Release of Liability. In consideration of permission to participate, I agree to defend, indemnify and hold the College and the Kirkwood Community College Facilities Foundation and all of its departments, trustees, directors, officers, servants, agents, employees and applicable media vendors harmless from any and all claims of libel, slander, invasion of the right to privacy or bodily injury, property damage or other incident whether arising out of participation or otherwise.

I accept the above terms and conditions of the Waiver & Release of Liability

**Waiver & Release of Marketing Services**

On behalf of the above identified student, who is a minor, the undersigned hereby gives permission and authorization to Kirkwood Community College and its designees, agents and applicable media vendors to use and reproduce any still photographs, video tape or any other media forms that include the student's name or likeness, and use or reproduce any recording or other media form that includes the student's voice, in any approved Kirkwood Community College publication, Web site, pod cast, audio recording, promotional materials, video medium (including but not limited to video clips) or any other medium.

The undersigned further agrees that Kirkwood Community College is authorized and permitted to provide such media forms of the student's name, likeness or voice to Kirkwood Community College Foundation for any approved Foundation media use as described above.

Yes, you have my permission       No, you do not have my permission

**THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE  
FORWARD**

Child's Name (participant registered for camp): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please list all camps your child is registered for

Camp Name	Dates	AM or PM

Returned signed form to:  
Kirkwood Community College, Continuing Education  
6301 Kirkwood Blvd SW  
Cedar Rapids, IA 52404