



Campus Recreation & Wellness

WKU Campus Recreation & Wellness: Child release & Consent Form

By signing this form I agree and acknowledge the following:

1. I am familiar with the guidelines of WKU department of Campus Recreation & Wellness
2. I know the areas within the Preston Health & Activities Center in which my child can and cannot participate.
3. I understand that activities may include physical contact and exercise that could result in injury

Knowing these risks, I hereby agree to waive, release, and discharge Western Kentucky University and the employees and agents of the department of Campus Recreation & Wellness from all claims, injuries, damages, and actions of any kind resulting from my child's use of the Preston Health and Activities Center.

I certify that my child, _____, has accident/medical insurance. I have read and agree with the guidelines of WKU Campus Recreation & Wellness Child Policies as it relates to my child. I certify that all information on this form is true.

Parent/Legal Guardian

Print: _____

Signature: _____

Date: _____

Minor participant's information Age: _____ Date of Birth: ____/____/____
MM/DD/YYYY

Approved Host's Information

Name: _____

Relation: _____