



# Minor Children Program Release Form for Virtual Programming

1 Campus Drive, Allendale, Michigan 49401

## Section 1: Program

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Name of program: \_\_\_\_\_

Date(s): \_\_\_\_\_

## Section 2: Minor Child Information

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Name: \_\_\_\_\_ Name You Use (ex: Nickname, Chosen Name): \_\_\_\_\_  
First Middle Last

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Section 3: Parent/Legal Guardian/Foster Parent Information

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Parent/Legal Guardian/Foster Parent: \_\_\_\_\_  
First Middle Last

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

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

### Emergency Contacts

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Section 4: Certification

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As the parent/legal guardian/foster parent of the minor child above, I hereby certify that the above information is the most up-to-date and correct to the best of my knowledge that I agree to the following as a condition of (Minor child's name) \_\_\_\_\_ participation in Grand Valley State University (GVSU) program or visit and/or related activities.

I acknowledge that participation in the camp/activity/visit and/or related activities involves assumed and inherent risk of personal injury. I assume such risk on behalf of the minor child and give my permission to the minor child to participate in all program activities. I release and agree to hold harmless GVSU, its Board of Trustees, students and employees from all claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any activity except where the injury or damage is caused by the gross negligence of the university's employees. I understand that the minor child will be subject to the rules and regulations of the GVSU camp/activity/visit and/or related activity. I understand that any person who repeatedly disobeys University policies or procedures will be immediately expelled from the program. GVSU is not responsible for lost or stolen property.

I understand and acknowledge that by participating in this program, my child's name, likeness, and/or voice will be displayed to others, and at the discretion of the Program hosts, recordings may be made. I agree to make no accounting, monetary, or other claim against GVSU for use or capture of my child's name, likeness or voice.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian/Foster Parent

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Foster Parent

\_\_\_\_\_  
Date

## Section 5: Permission

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\_\_\_\_\_ has my permission to participate in \_\_\_\_\_  
(Minor child's Name) (Program)

## Section 6: Release and Indemnification

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I have read this entire Minor Child Program Release Form and agree to release and indemnify the university, I fully understand it and I agree to be legally bound by it.

Minor child's Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian/Foster Parent

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Foster Parent

\_\_\_\_\_  
Date

### **(Optional) Release for Advertising, Publicity, and Display Materials**

I hereby authorize Grand Valley State University to:

- (a) Record my child's likeness and voice on a video, audio, photographic, digital, and electronic or any other medium.
- (b) Use my child's name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I give permission to Grand Valley State University to use, without charge and without reservation, my child's likeness in any medium and for any lawful purpose, including promoting the University, its programs and services. I waive any rights of action I may have and release Grand Valley State University and its licensees from any and all claims I may have arising from my child's likeness, including any rights to sue for defamation or violation of my rights of privacy and publicity.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Foster Parent

\_\_\_\_\_  
Date

\*Refusal to sign this portion of the release form does not impact the minor child's rights to participate.