**Consent, Waiver, Release, and Assumption of Risk for Virtual/Remote Event for Children Participants**

**Kansas State University APDesign Summer Design Experience**

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Expected High School Graduation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip Code County

Street Address

Parent or Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all adults with legal custody of your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information and details about the APDesign Summer Design Experience, please visit

<https://apdesign.k-state.edu/future-students/design-discovery/index.html>

Please specify any accommodations that your child will need to participate in this event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of my child being allowed to participate in the APDesign Summer Design Experience hosted by Kansas State University, through its College of Architecture, Planning, and Design, on June 23-25, 2021, I, the undersigned parent or guardian, agree on behalf of myself and my child to grant permission for my child to participate in the event and further agree as follows:

* I and my child agree that we must conduct ourselves in a manner so as not to substantially disrupt or interfere with others’ event participation(s), in accordance with the conduct standards generally expected of University students (such as the [Student Code of Conduct](https://www.k-state.edu/sga/judicial/student-code-of-conduct.html), [Threat Management Policy](https://www.k-state.edu/policies/ppm/3000/3015.html), and [Anti-Discrimination and Harassment Policy](https://www.k-state.edu/policies/ppm/3000/3010.html) (all available via [www.k-state.edu/policies](http://www.k-state.edu/policies))), and any additional safety or conduct directives provided by staff.
* I understand that as the parent/guardian I am responsible for—and must closely monitor—mine and my child’s use of any technology related to this event, any interactions related thereto, and information shared. This event will be delivered via the following methods: online platform, Zoom. I agree that I shall not copy, reproduce, share or otherwise distribute in any way any images or personal information of any other participant or person involved in the event.
* I understand if my child fails to comply with behavioral standards, my child is subject to disciplinary action, including but not limited to being removed from the event, no refund provided.
* For my child and myself, I WAIVE, RELEASE, AND DISCHARGE Kansas State University, the State of Kansas, the Kansas Board of Regents, and all their agents, officers, and employees, from all claims, demands, and causes of action of any kind, including claims for negligence, invasion of privacy and/or any other claim, which may arise from or be related to my child’s participation in the event.
* I and my child fully realize the risks associated with participation in the event, and I and my child fully ASSUME THOSE RISKS, including by way of example, but not limited to: the possibility of serious physical and/or mental trauma or injury (minimal, serious, catastrophic, death), injury arising from recommended or corresponding activities associated with the event, technology interruptions and malfunctions, disruption or publication of my image, and likeness or information by third parties.
* I also acknowledge that should I have any issue or concern about the event, I may contact local law enforcement for an emergency and contact the event coordinator with any other concerns that I may have. I also may utilize the University’s Report It website to report any non-emergency concerns I have, which is located here: <https://www.k-state.edu/report/>.
* If I provide my signature electronically, I agree it has the same validity and meaning as a handwritten, hard copy signature. I agree that I will not later claim that an electronic signature is not legally binding.
* All matters arising out of or related to this Consent, Waiver and Assumption of Risk (“Consent”) shall be subject to, governed by, and construed according to the laws of the State of Kansas, and jurisdiction and venue of any suit arising out of or related to this Consent shall reside only in courts located in the State of Kansas.

This Consent is a continuing consent, waiver, release, and assumption of risk with no limitations or reservations, unless and except those stated herein, and is binding on me and my child and our heirs, executors, administrators, legal representatives, assigns and successors in interest. Any copy of this document has the full force and effect and is binding as the original.

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

Signature of Parent or Guardian Date