

Waiver/Consent Form

Last Name First Name MI

Ethnicity/Race: (circle all that apply)

American Indian/ Asian/ Black/ Pacific Islander/ Hispanic/ Mexican/ White

Gender (or prefer not to answer) _____ Birthdate(mm/dd/yr.) _____ Age _____

High School Graduation Year _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Alternate Phone _____

E-mail address: _____

In Case of Emergency

Last Name First Name Relation to Participant

Primary Phone _____ Alternate phone _____

Please read and initial each of the following statements, and sign below:

_____ I understand that K-State assumes no liability for injury or damages arising from the result of participation unless due to willful fault or gross negligence on the part of K-State.

_____ I give my permission to allow K-State to share my contact information with other programs on the K-State campus that offer a variety of opportunities for students.

_____ I understand cell phone use will be limited to official breaks (both teachers and students, alike).

The Undersigned does hereby give consent to the reproduction of the participant image, by means of digital or magnetic audio/video recording, or still or motion photography. I understand that the use of the image will be primarily for the promotion of academic and service programs available through Kansas State University or its agents or associates. I hereby consent to the reproduction of participant image and likeness on the web-site of K-State Olathe, which are accessible via the internet. This consent shall be a continuing consent with no limitations or reservations, except those stated herein.

The Undersigned and participant understand all rules and guidelines.

Signature of Participant

Date

Signature of Parent/Guardian (if participant is a minor)

Date