

**Waiver/Consent Form**

\_\_\_\_\_

Last Name	First Name	MI
-----------	------------	----

Ethnicity/Race: American Indian/ Asian/ Black/ Pacific Islander/ Hispanic/ Mexican/ White

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grad 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.

\_\_\_\_\_

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