



ITHACA COLLEGE

PARENTAL CONSENT FORM AND LIABILITY RELEASE, WAIVER, AND COVENANT NOT TO SUE

THIS IS A RELEASE OF LEGAL RIGHTS.

READ AND BE SURE YOU UNDERSTAND IT BEFORE SIGNING.

I _____ am the parent/guardian of _____ (each a minor and hereinafter collectively referred to interchangeably as “my child” or “the Participant”), who desires to participate in the following activity (hereinafter “the Program”):

**Ithaca College
Woodwind Day 2025
November 15, 2025**

I hereby consent to my child’s participation in the Program identified above and as described in materials I have received from Ithaca College. I understand that the Program will take place on the Ithaca College campus in Ithaca, New York. I further understand that, during the Program, my child may be chaperoned by Ithaca College program leaders, employees, and students, who have been authorized to work with minors in accordance with Ithaca College policies.

Emergency Notifications: Parents/Legal Guardians should review the [IC Alert Page](#) for information about emergency notifications, which includes a link to download the *SAFE IC App* to receive emergency campus notifications while their child is present on the College campus.

I further understand, acknowledge, and agree to the following:

- 1. Participation.** I understand that Ithaca College does not require my child’s participation in the Program for any admission-related or any other purpose and that my child’s participation in the Program is totally voluntary. I affirm that I have received and reviewed the Program’s description provided by Ithaca College and understand I may request additional information as needed.
- 2. Adherence to Policies.** I understand that alcohol, drugs (any use of intoxicants or illegal/controlled substances) and weapons are strictly prohibited during Program and that all applicable Ithaca College policies, procedures, rules, laws, and regulations must be adhered to at all times during the Participant’s participation in the Program, including any rules provided by the organizers of the Program. The Parties understand that if the Participant engages in any conduct in violation of College rules or instructions, or other excursions or activities which are not included or part of the scheduled Program, that Ithaca College is not responsible for the Participant’s actions.
- 3. Dangers Known and Unknown.** The Parties fully understand and appreciate the damages, hazards, and risks inherent in planned activities associated with the Program, and in any activities the Participant may undertake which are not an authorized part of the Program, which dangers include but are not limited to property damage, bodily injury, and serious or even mortal injuries, including death, as well as any

associated financial burden. Additional risks including those resulting from travel delays, sickness, acts of terrorism, government intervention, and acts of God.

4. ASSUMPTION OF RISK: Knowing the potential dangers and risks, and being permitted to participate in the Program, on behalf of the Parties, and the Parties' family, heirs, and personal representatives or administrators, the Parties agree to assume all risks and responsibilities surrounding the Participant's participation in the Program and their transportation to and from the Program or portions thereof.

5. RELEASE OF CLAIMS: The Parties hereby release, waive, forever discharge, and covenant not to sue Ithaca College, its governing board, officers, agents, employees, and students acting as employees (hereinafter called "Releasees"), from and against any and all liability for harm, injury, damage, delays, claims, demands, causes of action, costs, and expenses of any nature that the Parties may have or that may accrue to the Parties, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by the Participant or any property belonging to the Parties, whether caused by negligence or carelessness of Releasees or otherwise, during the Participant's participation in the Program.

6. Medical History. The Parties affirm that the Participant has no health-related reasons or problems which prevent or restrict their participation in the Program, that the Participant is covered by adequate health insurance necessary to pay any medical costs that may arise during participation in the Program.

7. Authorization for Medical Treatment. The Parties understand and agree that Releasees are granted permission to authorize emergency medical or dental treatment, if necessary, and that such action by Releasees shall be subject to terms of this Agreement. I understand and agree that Releasees assume no responsibility for injury or damage which arises out of or in connection with authorized emergency medical or dental treatment.

Signatures

In signing this Parental Consent and Assumption of Risk agreement, the Parties acknowledge and represent that they have read and fully understand its terms before signing and attest that they sign this document as their own free act and deed. The Parties affirm they execute this agreement fully intending to be bound by its terms.

Parent/ Legal Guardian Signature

Date