# Dual Enrollment Honors Program
# Minor Child Participation Acknowledgment

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

I, the undersigned below, in consideration of my child's or ward's participation in Kennesaw State University's Dual Enrollment Honors Program ("Program"), including, but not limited to any related activities such as training, preparation, and travel, wherever the travel, training, and preparation may occur, acknowledge that I am aware that my child is below the average age of a University student. I understand that my child intends to register in the Program, which has classes that may feature mature subject matter not designed specifically for students under age 18; and that Kennesaw State University accepts no responsibility or liability for any extraordinary supervision of students who are less than 18 years of age and/or who are not high school graduates. In the event the student uses a computer, the University is not responsible for content found, read, downloaded, transferred or otherwise manipulated on the Internet.

In consideration of my child's or ward's participation in the Program and on my child's or ward's behalf, and on behalf of my child's or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my child's or ward's participation in the Program, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys' fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal. This agreement to indemnify shall extend to any claim filed by my child or ward upon reaching the age of majority. I, for myself and my child and/or ward, understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise, whether suffered by my child or ward either before, during or after such participation. I declare that my child or ward is physically and emotionally fit and has the maturity level required to participate in the Program. I further authorize medical treatment for me and/or my child or ward, at my cost, if the need arises. For the purposes hereof, the "Released Parties" are: Kennesaw State University, the Board of Regents of the University System of Georgia, and each of their respective parent, subsidiary, affiliated or related companies; and the officers, directors, employees, agents, representatives, successors, assigns and volunteers of each of the foregoing entities.

I also agree that during the time my child or ward is involved with the Program, he/she is bound by all rules, regulations, policies, procedures and guidelines governing their conduct as set forth by the Kennesaw State University Student Code of Conduct, Kennesaw State University and the Board of Regents of the University System of Georgia.

This Waiver and Release Form shall be governed by the laws of the State of Georgia, and any legal action related to or arising out of this Waiver and Release Form shall be commenced exclusively in the

Superior Court in and for Cobb County, Georgia. I and on behalf of my child or ward, understand that the acceptance of this liability waiver, release, indemnity and promise not to sue Kennesaw State University or the Board of Regents of the University System of Georgia, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents and employees.

If any portion of this Release and Waiver is held invalid, I agree that the balance of the document shall, notwithstanding, continue in full force and legal effect.

I certify I am eighteen (18) years of age or older and that the information set forth above pertaining to my child or ward is true and complete.

**I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS ACKNOWLEDGMENT, RELEASE, AND PROMISE NOT TO SUE.**

**Participant Information:** *(Please PRINT)*

**Name:** _____ **KSU ID#:** _____

**Date of Birth:** _____ **Emergency Phone Number:** _____

**Address:** _____

**Name of Parent/Guardian:** _____

**Emergency Phone Number:** _____

**Address:** _____

**Signature of Parent/Guardian:** _____ **Date:** _____