

## RCTC Youth Programs Permission and Releases

**This form must be printed, signed and mailed or delivered to the address below  
no later than two weeks prior to the first day of program.**

Child's Name \_\_\_\_\_ Current Grade in School \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Voluntary, not required)

T-Shirt Size: Please Circle: Youth S M L XL Adult S M L XL XXL

**RCTC Camp Name:** \_\_\_\_\_

### **Waiver of Liability, Indemnification, and Medical**

RELEASE: To be signed by parent/guardian of student participating in the event identified below. I am aware of the dangers and risk to my child's person and property involved in participating in the Rochester Community & Technical College Youth Programs under the auspices of the State of Minnesota. On behalf of my child, my child's personal representatives, heirs, next of kin, successors and assigns, I hereby:

a. waive, release, and discharge the State of Minnesota, the Minnesota State Colleges and Universities, Rochester Community and Technical College and their officers and employees from any and all liability for my child's death, disability, personal injury, property damage, property theft or claims of any nature which may hereafter accrue to my child and/or my child's estate as a direct or indirect result of my child's participation in the activity or event: and

b. agree to indemnify, save and hold harmless the State of Minnesota, the Minnesota State Colleges and Universities, Rochester Community and Technical College and their officers and employees from and against any and all claims of any nature including, but not limited to, all costs, expenses and fees directly or indirectly arising out of or resulting from my child's actions during this activity or event.

c. I hereby consent for my child to receive medical treatment that may be deemed advisable in the event of my child's injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

## **Behavior Policy**

In order to meet with the goals of RCTC Youth Programs it is imperative that participants respect the rights of others to learn. Any child who exhibits disruptive behavior during class or a break will be given a warning to cease and the parent(s)/guardian(s) will be notified. If this warning is not heeded, the child will be dismissed from the program and the parent(s)/guardian(s) notified. Please discuss this policy with your child.

## **Picture Release**

By your signature you are giving Rochester Community and Technical College permission to take pictures of your child while attending Camp and to possibly use those pictures for marketing purposes.

## **Medical and Health Information**

Please list health concerns:

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Physician, Clinic or Health Care Provider to be called in an emergency:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

I, the undersigned parent/guardian, acknowledge that I have read and understand the above Waiver of Liability, Indemnification and Medical and Picture Release, and that I am signing it freely and voluntarily.

**Signature of Parent/Guardian** \_\_\_\_\_

Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

### **Mailing Address**

RCTC Youth Programs  
851 30<sup>th</sup> Ave SE, Box 50  
Rochester, MN 55904

### **Office Location**

Heintz Center  
1926 Collegeview Road SE  
Suite HC107  
Rochester, MN 55904

If you have any questions, please contact Colleen Landherr Maddox at 507-280-3113 or [colleen.landherr@roch.edu](mailto:colleen.landherr@roch.edu)