

Little Siblings Weekend Registration

Student Information

Name of FHSU resident: _____
 On campus address: _____
 Cell Phone #: _____

Sibling Information

Name of sibling: _____ Age _____
 Name of sibling: _____ Age _____
 Name of sibling: _____ Age _____
 Name of sibling: _____ Age _____
 Name of sibling: _____ Age _____
 Name of sibling: _____ Age _____

Parent Information

Name: _____
 Address: _____

 Home Phone #: _____
 Cell Phone #: _____
 Email: _____
 Special Notes: _____

Optional T-shirt order - Please indicate your sizes and quantities:

Kid's Small	Kid's Medium	Kid's Large	Kid's X-Large	Adult Small	Adult Med.	Adult Large	Adult [®] XL	Adult XXL	OTHER

Total # of shirts x \$10 = TOTAL AMT. DUE
 Check made out to FHSU enclosed for amount of \$_____

PLEASE NOTE: t-shirt orders and payments must be received by Friday, March 22.

Participation Agreement and Waiver of Liability

We, the undersigned custodial parent or guardian and minor, for, and in consideration of participation in the "Little Siblings Weekend" at the Fort Hays State University, sponsored by Residential Life, and scheduled for the weekend of April 5 – April 7, 2019, hereby agree as follows:

- That the minor sibling will under no circumstances whatsoever consume any alcoholic beverages or utilize any controlled substances except as prescribed by a family physician.
- That the undersigned minor sibling shall abide by all laws, rules and regulations of Fort Hays State University, Fort Hays State University Residential Life, the Kansas Board of Regents, the State of Kansas, and the City of Hays.

That the undersigned understand that participation in the "Little Siblings Weekend" is being allowed only based upon the expressed representations contained in this Agreement and Waiver, and that any minor sibling who fails to abide by the terms and conditions contained herein shall be immediately removed from the program, with the parent or guardian being contacted for purposes of arranging transportation home from Fort Hays State University.

That the undersigned present and minor sibling hereby agree to release and forever discharge and waive from liability any claim, including a claim for negligence, which they may have against the Residence Hall Association, Residential Life, Fort Hays State University, the Kansas Board of Regents, and the State of Kansas, their officers, agents, or employees ("the released entities"), arising out of any injuries or property damage which may be sustained by the said minor as a result of participation in the "Little Siblings Weekend."

That the undersigned parents and minor further agree to indemnify and hold harmless the released entities, from any liability for bodily injury or property damage which may be suffered by any third person or entity as a result of actions of the minor sibling arising out of participation in the program, and agree that any damages which may be incurred by any third party or entity shall be subject to a claim of full restitution and contribution from the undersigned. Any property damage to any of the released entities caused by the minor sibling shall be the responsibility of the undersigned. Finally, the undersigned hereby consent to the provision of emergency medical care and treatment that shall be required for the minor sibling; in the discretion of Residential Life, but that in no case shall any of the released entities be responsible for the cost of such care, with such costs being the sole responsibility of the undersigned. That this agreement is binding upon the heirs, executors, and assigns of the parties hereto.

Dated this _____ Day of _____

Custodial Parent(s) Signature: _____

Phone # (_____) _____

Minor Sibling Participant(s): _____

THIS FORM MUST BE SIGNED AND PROVIDED IN ADVANCE IN ORDER FOR ANY MINOR TO PARTICIPATE IN "LITTLE SIBLINGS WEEKEND."