



Release and Waiver for Minors

The following form is required in order to provide legal consent for participation by a minor in a Hendrix College program or activity. Please complete, sign and date, and return this form.

Student Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Relation to Student: _____

I, _____, parent or legal guardian of _____ (“Student”), hereby acknowledge that Student has voluntarily elected to enroll in the Hendrix Science Warriors Summer Camp from July 27th to July 31st, 2026 and that such enrollment is with my acknowledgment and consent. **In consideration for my minor child being permitted by Hendrix College to participate in the Hendrix Science Warriors Summer Camp, offered by Hendrix College, I hereby acknowledge and agree to the following:**

Release and Waiver of Liability: I acknowledge and agree that Hendrix College shall not be liable or responsible in any way for, and I hereby waive all claims and causes of action against the College with respect to or arising out of any death or injury of any nature whatsoever that may be suffered or sustained by Student or Parent/Guardian or any other person in connection with the Hendrix College program or activity or any loss or damage or injury to or theft or loss of any property belonging to me on Hendrix College’s property including but not limited to any property placed by me in or about Hendrix College buildings, grounds or facilities. The provisions of this paragraph shall bind me, my personal representatives, heirs, executors, administrators, agents, and assigns and shall survive the completion of the Hendrix College program or activity and the termination of this Agreement.

Indemnity: I acknowledge and agree to indemnify, defend and hold Hendrix College harmless from and against any and all losses, damages, claims or liabilities (including attorneys’ fees, litigation expenses and costs of appeals) including, but not limited to, any damage to any property, or injury, illness or death of any person occurring in, on, or about Hendrix College property, or any party thereof, arising from participation in the Hendrix College program or activity provided, however, excluding loss as a result of the gross negligence or intentional act of Hendrix College. The provisions of this paragraph shall bind me, my personal representatives, heirs, executors, administrators, agents, and assigns and shall survive the completion of the Hendrix College program or activity and the termination of this Agreement.

Rules and Requirements: I acknowledge Hendrix College has the right to terminate Student’s participation in the Hendrix College program or activity and require Student to leave Hendrix College premises if it is determined that Student’s conduct is detrimental to or incompatible with the best interests, comfort, harmony or welfare of the other participants in the Hendrix College program or activity or Student conduct violates any rule of the Hendrix College program or activity or Hendrix College policies and procedures.

Property Damage. If Student damages property belonging to Hendrix College or any other facility providing service to the Hendrix College program or activity or belonging to any individual associated with any of the foregoing, I agree to indemnify the injured party, regardless of whether the loss of damage arises out of the joint or concurrent negligence of any other party.

Severability. If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

Choice of Law: I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Arkansas.

Acknowledgements: I understand that I may seek legal counsel of my own choosing to fully explain any terms of this Agreement to me before I sign it.

Medical Consent: I, as the parent or legal guardian of Student, authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care that Hendrix College’s qualified personnel (or third-party health care providers used or engaged by Hendrix College) deem necessary for Student’s health, safety and protection. This may include administration of care by qualified personnel, transportation for the purposes of medical treatment by personnel or by third parties and referral to qualified health care providers. I further understand that if Student experiences any condition requiring emergency medical treatment, Hendrix College may direct that Student be transported to the hospital for such care. This consent will be in effect from this date until Student is 18 years of age or the end of the summer session (whichever is earlier) for which this form has been signed, unless cancelled earlier by me in writing. I understand that state law does not require consent for treatment by a parent or legal guardian in certain circumstances and that my consent will not be required by Hendrix College in those instances.

ASSUMPTION OF RISK: I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment. I grant permission for treatment for Student according to generally accepted medical practice standards. I

acknowledge that no guarantees can or have been made to me as to the result of tests, examinations, treatments, procedures, or any other services rendered. I understand and agree that Hendrix College, including its governing board, trustees, directors, officers, employees, and any students, agents or volunteers acting at Hendrix College's direction (collectively referred to as "Releasees"), assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized medical treatment **UNLESS THE INJURY, ILLNESS, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE OR GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.** I understand and acknowledge that Hendrix College does not have medical personnel available on campus. I understand that if the Student needs medical assistance, Hendrix College qualified personnel will attempt to contact the parent or legal guardian to determine appropriate action. I further acknowledge that if the Student is ill or injured and cannot participate fully in activities then the Student may be sent home in the care of the Parent or Legal Guardian. At the discretion of the Hendrix College qualified personnel, the Student may be allowed to return once recovered. I have shared all pertinent health information for the Student (named above) on the associated registration form.

MEDICAL RELEASE AND WAIVER OF LIABILITY: On behalf of Student, myself, my personal representatives, heirs, executors, administrators, agents, and assigns, I **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** Releasees for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, illness, damage or death that Student may suffer as a result of medical treatment provided by Releasees, **REGARDLESS OF WHETHER THE INJURY, ILLNESS, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY, ILLNESS, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.** I further agree that the Releasees are not in any way responsible for any injury, illness, or damage that Student sustains as a result of Student's own negligent or grossly negligent acts or Student's own intentional misconduct and I, on behalf of myself and Student, hereby release Releasees from any liability for the same. Hendrix College expressly disclaims liability for actions of third parties, which includes but is not limited to students, agents or volunteers who are not acting under the direction and control of Hendrix College. I, on behalf of Student, myself, my personal representatives, heirs, executors, administrators, agents, and assigns, hereby release Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, illness, damage or death that Student may suffer as a result of actions of any third parties who are not Releasees.

INDEMNITY: I, on behalf of Student, myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless the Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, illness damage or death that Student may suffer as a result of receiving medical treatment from Releasees, **REGARDLESS OF WHETHER THE INJURY, ILLNESS, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES OR OTHERWISE, UNLESS THE INJURY, ILLNESS, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.**

I further agree that, in the event that Student or I or any of my family members, personal representatives, heirs, executors, administrators, agents, assigns or any other third party attempts to assert any claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, illness, damage or death to Student, including but not limited to any injury resulting from Student's own negligence, gross negligence or intentional misconduct, **I AGREE TO DEFEND AND INDEMNIFY RELEASEES AGAINST SUCH CLAIMS, DEMANDS, CAUSES OF ACTION (KNOWN OR UNKNOWN), SUITS, AND/OR JUDGMENTS OF ANY AND EVERY KIND (INCLUDING ATTORNEYS' FEES)** to the fullest extent permitted by Law.

I understand that I am responsible for all costs incurred and that, where applicable, an insurance ready bill will be provided for me to submit to my insurance company.

I recognize that I have the right to revoke this consent and that this consent is not needed when Student reaches the age of 18 or meets any of the conditions in which state law does not require parental consent for treatment.

I certify that I have custody of Student or am the legal guardian of Student by court order. **I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY RELEASEES.**

Signature _____
(Of parent/guardian)

Date _____

Name of Signatory (Printed) _____



Hendrix Summer Programs Statement of Understanding

Instructions: Participants and parents or guardians should read this document and any associated documents carefully. The document should be signed, scanned, and returned via email (events@hendrix.edu) prior to the start of the program or camp or uploaded during Registration.

Participant Name: _____ Date of Birth: _____

Program Name: Hendrix Science Warriors Summer Camp

Agreement and Responsibility

- I. I have read, fully understand, and agree to abide by all policies outlined in the [Hendrix Summer Programs General Guidelines for Participants](#).
- II. I have read, fully understand, and agree to abide by all policies specified in the [Hendrix College Student Handbook](#).
- III. I accept responsibility for any damage caused by the participant (named above) to property of Hendrix College. I understand that furniture is not to be moved or altered in any way.
- IV. I confirm that the participant has no legal, disciplinary, or behavioral problems or conditions which will make it difficult for him/her or other participants to participate fully in the Program. I understand that the Program is not equipped to deal with participants who have significant psychological or emotional problems or conditions.
- V. I understand that photos and videos of the participant and the participant's work may be taken during the Program. I agree that photos, videos, audio recordings, written work, drawings/artwork, and comments may be used by Hendrix College for promotional purposes. (Note: No personal details such as last name or address will be included when publishing. All photos and videos are securely held by Hendrix College and will not be sold or distributed.)
- VI. I grant permission for the participant (named above) to participate in the Program including all activities, physical or otherwise, and field trips provided that authorized personnel supervise such activities and trips.

Policy Agreements

- I. I agree to abide by all rules and guidelines presented by instructors and staff during the Program.
- II. I understand that attendance at all classes and organized program activities is expected. If a participant must miss class time or an activity, notification should be made to the Summer Programs Office at events@hendrix.edu prior to the absence. Repeated absences may result in dismissal from the Program.
- III. I understand that all participants are expected to arrive each day of the Program and be ready to begin at the designated time. Furthermore, I understand that all participants are expected to depart at the designated time each day of the Program.
- IV. For day programs, participants must check in at their assigned building at a specified time each day and will remain supervised by The Program staff until the end of day's scheduled activities. The Program staff will provide this information to participants and parents.
- V. I understand that no participant may leave campus except at designated departure times or with prior notice and approval from program staff. Staff may request to see a valid, state-issued ID from any adult picking up a participant. For pickup by an individual other than a parent or guardian, program staff must receive written permission from a parent or guardian prior to the participant being picked up.
- VI. I understand that all participants are expected to treat each other and all instructors and staff with respect and contribute to the well-being of all involved with the program. All forms of bullying (written, verbal, electronic, physical) will not be tolerated.
- VII. I understand that participants are expected to remain only in areas designated for the program.
- VIII. I understand that participants are not allowed in secluded areas of campus without proper supervision and should never travel campus alone.
- IX. Title IX. Members of the Hendrix College community, including guests and visitors, have the right to be free from all forms of gender and sex-based discrimination and the right to participate in a safe environment conducive to learning. Anyone who believes they have experienced gender or sex-based discrimination or misconduct that violates Hendrix College Title IX Policy should report that conduct in person, via email, or telephone to:
Danielle Crowell: Title IX Coordinator
Email: crowelld@hendrix.edu
Office: 501-450-1296

Student Life & Technology Center #249
Visit www.hendrix.edu/titleix for more information.

- X. I agree to not use electronics or cellular devices during classes or activities unless otherwise notified. Participants should not bring personal computers or tablets to class. If participants require use of a computer for a class or activity, then computers with internet access will be provided in a campus computer lab. The computers may only be used as directed by instructors or staff. When using a campus computer, participants are restricted from using the computers to a) play or download games, music, movies, or other copyrighted material, b) view or download pornography, or c) engage in any sort of harmful or unauthorized programming.
- XI. I understand that if a participant is dismissed from the Program due to misconduct or is deemed a danger to himself, herself, or others, then the participant will be immediately removed from the Program. The participant's parents or legal guardian will be contacted to pick up or arrange transportation as soon as possible. No refund of tuition or any other program charges will be issued when a participant is dismissed.
- XII. All sick participants should remain at home and notify the Summer Programs Office of their absence or, if on campus, will be sent home to recover. Parents will be contacted to notify them that their child is ill, and they should plan to pick up the child as soon as possible.
- XIII. In accordance with Arkansas Child Maltreatment Act, any faculty or staff that are responsible for the supervision of minors are required by law to report child maltreatment. Child maltreatment refers to any abuse, sexual abuse, neglect, sexual exploitation, or abandonment of a person under the age of 18. If any faculty or staff member has reasonable cause to suspect that a child has been subject to maltreatment or observes a child being subject to conditions or circumstances that would reasonably result in maltreatment, I understand that a report must be made immediately to the Child Abuse Hotline (1-800-482-5964). Please be aware that any references to child maltreatment in class discussions, assignments, or conversations are subject to mandated reporting under the law.
- XIV. I understand that tobacco products are prohibited from use on the Hendrix College campus including parking lots, grounds adjacent to buildings, and athletic fields. Furthermore, I understand that possession or use of alcoholic beverages, tobacco products, or other illegal drugs by participants during the program will result in immediate dismissal.
- XV. I understand that cancellation requests must be submitted in writing to the program administrators to be considered. I agree to abide by the specific cancellation and refund dates set for the program enrolled. Cancellations due to insufficient enrollment are eligible for a full refund. Non-attendance is not considered as a cancellation request or as official withdrawal from the program.

By providing my signature, I am indicating that:

- I have carefully reviewed, fully understand, and agree to the contents of this document and all associated documents.
- I confirm that I am the legal parent or guardian of the listed participant.

Participant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Name of Parent/Guardian (Printed) _____