

PARENTS PERMISSION, RELEASE AND INDEMNITY NCTC LIFELONG LEARNING DIVISION CLASSES

(Student) _____, (SS Number) _____,

To the best of my knowledge, this student is physically fit to engage in this class and does not suffer from any disease or injury. I agree and do hereby waive and release all claims against North Central Texas College and any teacher, employee, or other person engaged in the activity and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that may be suffered or any loss of property that may occur. If an emergency arises and the parents cannot be reached, I authorize the Division of Lifelong Learning staff to contact a doctor and/or provide other necessary medical attention at my expense.

Location & Telephone number where parents/guardian may be reached during class hours:

Doctor's name and telephone number: _____

Name of Insurance Company: _____

Insurance Company Telephone Number: _____

STATEMENT REGARDING MEDICAL EMERGENCIES

The Lifelong Learning instructional staff is not professionally trained in medical emergency response. If the assistance of medical personnel is required, a local ambulance will be contacted. The fees associated with this emergency service will be incurred by the party responsible for the student.

CONTACT INFORMATION FOR PARENT / GUARDIAN

Name: _____

Relationship to Student: _____

Home _____ Work _____ Cell _____

Signed: _____ Date: _____