

# ICHABODS AT NIGHT

## Release Form for Ichabods at Night

*Please bring this form to registration on day of event.*

In consideration for participation in Ichabods at Night at Washburn University, and with the full knowledge and recognition of the dangers and hazards inherent in participation in such activity, which may include sprains, lacerations, contusions, broken bones, concussion or death, I do hereby agree to assume all the risks and responsibilities surrounding participation in such activity; and further, I do hereby agree, for the applicant, my or his/her heirs and personal representatives to defend, hold harmless, indemnify, release and forever discharge Washburn University, its officers, agents and employees from and against any and all claims, demands, actions or causes of action on account of damage to personal property, or personal injury or death which may result during participation in such activity.

Any student possessing illegal substances on University property or engaging in any illegal activity will be released from the Ichabods at Night event. The parent/guardian of that student will be phoned and asked to pick the student up from the event. Those acts include: drinking underage, possession of alcohol or narcotics and/or paraphernalia, stealing or damaging public or private property, etc.

Student Name (please print): \_\_\_\_\_ Date \_\_\_\_\_

Student Birthdate and Current Age: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

*\*Parent/Guardian must sign this in order for student to participate.*

## Emergency Contact Form

In case of an emergency please contact:

Parent/Guardian Name:	
Daytime phone:	Evening phone:
Secondary Contact:	
Daytime phone:	Evening phone: