



Early Talent Identification Student Program Waiver

One waiver must be signed for each ETIP participant. Please print this waiver and bring it to the first day of class. Students will not be able to participate in the Early Talent Identification Program at Paul Quinn College without a signed Waiver & Medical & Emergency Contacts Form on file.

INITIAL AFTER
READING

With the realization that publicity of programs helps ensure the success of the programs, I hereby grant the Early Talent Identification Program at Paul Quinn College full permission to use my/our full name, personal success story, photographs, films, and video of me/my family for the purpose of publicizing the Early Talent Identification Program. This permission includes but is not limited to identification of my child by name in printed materials, reports, grants, website, Facebook, and other social media)

INITIAL AFTER
READING

Paul Quinn College reserves the right to reconsider your child's enrollment if pertinent information regarding medical, psychological, educational, or other relevant evaluation or medical care has not been adequately shared with the ETIP administration. If we are unable to accommodate your child's level of function or if their behavior limits their ability to participate in or benefit from our program, we reserve the right to reconsider your child's attendance.

INITIAL AFTER
READING

I give my permission for my child/children to participate in all academic, athletic programming, and field trips during Paul Quinn College's Early Talent Identification Program (I will receive a specific waiver for each field trip). I understand that on field trips my child/children will be transported by bus or private automobile.

INITIAL AFTER
READING

In the event of an emergency which affects the health of the participant I, undersigned, do hereby authorize officials of the Early Talent Identification Program at Paul Quinn College to contact directly the persons named on the attached ETIP Emergency Contact Information Form and if neither parent nor guardian can be contacted, I authorize the physician named on the attached Student Information Form to render such treatment as may be deemed necessary in an emergency, for the health of the child. I hereby give the personnel of the Early Talent Identification Program at Paul Quinn College permission to make arrangements for emergency medical attention, to transport the student to an accredited facility for diagnosis and treatment and to authorize emergency administration of medication as necessary.

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I request and authorize physicians, dentists, and staff of the accredited medical facility to perform any diagnostic procedures, treatment procedures, x-ray treatments and administration of anesthetics as may be necessary in the diagnosis and treatment of minor participants. I understand that I have not been given a guarantee as to the results of examination or treatment. I agree to pay for the services rendered and expenses incurred pursuant to this authorization. Further, I will not hold Paul Quinn College, or any Early Talent Identification Program or their Officers, Directors, Administrators, Teachers, Personnel or Employees financially responsible for the emergency care and/or transportation for said child. The authority granted herein will expire one year from the acknowledged date.



INITIAL AFTER
READING

This is to certify that I, as parent/guardian with legal responsibility for the above named Participant on behalf of the participant, do consent and agree to his/her waiver and release as provided above of all the Releases, and, for myself, my spouse or co-guardian, heirs, assigns, and next of kin, waive, release and agree to indemnify and hold harmless the Releases from any and all liability, other than “gross negligence” as defined by Texas law, associated with my minor child’s involvement or participation in these programs, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES, to the fullest extent permitted by law.

In consideration of being allowed to participate in any way in any program, related events, field trips and activities at Paul Quinn College’s Early Talent Identification Program or sponsored by Paul Quinn College, I on my own behalf and on behalf of any minor child(ren) for whom I am responsible appreciate and agree that:

INITIAL AFTER
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1) The risk of injury from the activities involved in programs offered by the Early Talent Identification Program at Paul Quinn College may be significant, including the potential for permanent injury or even more serious consequences, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and;

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2) On my own behalf and on behalf of any minor children for whom I have responsibility, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF the Early Talent Identification Program at Paul Quinn College other than “gross negligence” as defined by Texas law, and those affiliated with Paul Quinn College’s Early Talent Identification Program described in Paragraph 4 or others, and assume full responsibility for my and my minor child(ren)’s participation. If anyone in my family violates any rule or policy of the Early Talent Identification Program at Paul Quinn College or otherwise causes a problem that in the sole discretion of the Early Talent Program Director endangers the health, safety or welfare of anyone, the Early Talent Identification Program Director may suspend my family’s privilege to be on the Paul Quinn College Campus and/or participate in the Early Talent Identification Program.

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3) I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself and my minor child(ren) from participation and bring such to the attention of the nearest official immediately.



INITIAL AFTER
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4) I for myself and on behalf of my minor child(ren), heirs, assigns, personal representatives and next of kin, HEREBY WAIVE, RELEASE, INDEMNIFY, AND HOLD HARMLESS Paul Quinn College's Early Talent Identification Program's leadership staff, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, and, if applicable, owners and lessors (referred to as "Releases") FOR ALL CLAIMS other than "gross negligence" as defined in Texas law in connection with any conduct regarding any program at Paul Quinn College or any activity sponsored by Paul Quinn College WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Parent: _____

Date: _____ / _____ / _____