

**University of Wisconsin La Crosse
Parental Consent, Waiver and Release Form**

I, the parent/legal guardian of the student, give my consent of their participation in the (Program's Title) _____, which is being sponsored by the University of Wisconsin-La Crosse. I understand that the university has made no representation concerning the safety of the methods of travel to and from our travel sites visited. I hereby agree, on behalf of myself and my child, to assume all of the risks in connection with my child's attendance at and participation in the (Program's Title) _____, including travel, and I agree to release the University of Wisconsin- La Crosse from any and all liabilities and claims whatsoever arising in connection with my child's attendance and participation, including travel, except in so far as such liabilities and claims arise out of University of Wisconsin-La Crosse's negligence or willful misconduct.

I consent to and authorize emergency and nonemergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child's attendance at or in the event of a health problem, emergency or injury occurring during my child attendance at or participation in the (Program's Title) _____, sponsored by the University of Wisconsin-La Crosse. I give my consent and authorization to the program's team or their designee to use their judgment in seeking medical care for my child. I understand that an attempt will be made to contact me if emergency medical care is needed. I agree that the laws of the State of Wisconsin shall govern this Waiver & Release. I affirm that I have read and understood this document.

Parent or Guardian First and Last Name _____

Signature of Parent or Guardian _____

Student's First and Last Name _____

Parent/ Legal Guardian 1

First and Last Name: _____

Primary Phone

___ Home

___ Cell

___ Work

Phone Number: __ (____) _____

Alternative Phone Number

___ Home

___ Cell

___ Work

Alternative Phone Number: __ (____) _____

Parent/ Legal Guardian 2

First and Last Name: _____

Primary Phone

Home

Cell

Work

Phone Number: ()

Alternative Phone Number

Home

Cell

Work

Alternative Phone Number: ()

Emergency Contact Information

Full Name (First, Middle, and Last Name)

Relationship to Student:

Primary Phone

Home

Cell

Work

Phone Number: ()