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PROGRAM/SCHOLARSHIP APPLICATIONR RELEASE FORM

Please check "*Yes*" or "*No*" to each of the following releases.

Yes *No* **1. Medical Release:** **(Middle and High School students only.)**

I hereby authorize the Kansas Kids @ GEAR UP program (the "Program") to make available to the student any and all emergency medical and dental services deemed necessary or appropriate by the Program (the "Services") upon the occurrence of an "emergency situation" (as determined by the Program in its sole discretion). I hereby voluntarily agree not to sue and agree to release, waive, discharge and hold harmless Wichita State University, the Program and any of their respective successors, affiliates, agents and representatives (collectively, the "Program Parties") with respect to any liability, claims, demands, actions or rights of action for any death, injury, physical or mental damage or any other harm suffered by me or the student in connection with the Services made available by the Program as described in this paragraph. In addition, I will indemnify and hold the Program Parties harmless from and against any and all claims, demands, damages, losses, liabilities, penalties, fines, lawsuits and other proceedings and costs and expenses (including attorneys' fees), which accrue to or are incurred by any Program Party in connection with the Services made available by the Program as described in this paragraph.

Yes *No* **2. Travel Release:** **(Middle and High School students only.)**

I hereby authorize the Program to provide transportation to the student with respect to program activities, including but not limited to campus visits and field trips (the "Transportation"). I hereby voluntarily agree not to sue and agree to release, waive, discharge and hold harmless the Program Parties with respect to any liability, claims, demands, actions or rights of action for any death, injury, physical or mental damage or any other harm suffered by me or the student in connection with the Transportation. In addition, I will indemnify and hold the Program Parties harmless from and against any and all claims, demands, damages, losses, liabilities, penalties, fines, lawsuits and other proceedings and costs and expenses (including attorneys' fees), which accrue to or are incurred by any Program Party:

a) in connection with the Transportation, and

b) as a result of any criminal act of malice, vandalism, theft, or other unlawful behavior performed by the student during his/her trips sponsored by the Program.

Yes *No* **3. School Records Releases:**

Pursuant to my signature below, I hereby:

a) Authorize the Program Parties to inspect and copy any academic, attendance, disciplinary and/or financial aid information relating to the student (the "Information") that is in the possession of any academic or financial institution, and

b) permit any academic or financial institution to disclose to the Program Parties any information in the possession of such academic or financial institution.

c) Authorize the program staff to meet with the student before, during, or after school hours.

Note: Students are ineligible for the Kansas Kids @ GEAR UP program without granted permission for a School Records Release due to reporting requirements enforced by the United States Department of Education.

Yes *No* **4. Photo Release:**

I hereby authorize the Program Parties to use the student's photograph in conjunction wish such student's given name (or fictitious name) for reproduction in any medium that the Program Parties see fit for purpose of advertising, display, exhibition or editorial use.

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I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE FOREGOING. I HAVE HAD AN OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THE SERVICES, TRANSPORTATION, AND RELEASES DESCRIBED HEREIN AND THE MEANING OF THE RELEASES, WAIVERS AND INDEMNIFICATIONS PROVIDED HEREIN. ALL OF SUCH QUESTIONS HAVE BEEN ANSWERED.

I agree to all of the foregoing with the intent to be legally bound on behalf of myself, the student and the spouse or other relatives of myself and/or the student. If any, and to the extent that I am able to do so, any heirs, executors, administrators and assigns. It is intended that if any portion hereof is held invalid, the remainder shall remain in full force and effect.

Student Name: **(printed)** _____ **SSN/College ID:** _____

☐ **Parent** ☐ **Guardian** ☐ **Social Worker** **Agency:** ___ KVC ___ TFI ___ Cornerstone ___ St. Francis

Signature: _____ **Date:** _____

☐ **(Student Signature if over the age of 18)**