

Kansas State University

STRING LEADERSHIP INSTITUTE

SLI PARENT/GUARDIAN PERMISSION FORMS PACKET

Parents and Guardians should read and complete the following forms for the 2024 String Leadership Institute (SLI). Completed forms should be delivered to Dr. Rachel Dirks by fax, email, or regular mail no later than June 1, 2024. Included in this document are three separate forms:

1. SLI Release Form - This form is needed as required by Kansas State University counsel and is useful for KSU in emergency situations.
2. Medical Form - This is needed so we know any important medical information or dietary requirements for your student.
3. Challenge Course Release – We may participate in a leadership challenge course that requires parental/guardian permission. This course builds leadership skills through team-building, problem solving, and uses some physical obstacles/exercises.

When complete, please email (preferred) all forms to: rdirks@k-state.edu,

OR fax to (785) 532-6899,

OR mail to:

**Dr. Rachel Dirks
Director - String Leadership Institute
109 McCain Auditorium
Manhattan, KS 66506**

Kansas State University
STRING LEADERSHIP INSTITUTE

Consent, Waiver, Release, and Assumption of Risk

Please print clearly. Completed forms should be turned in by June 1, 2024.

The following completed forms may be faxed to (785) 532-6899, emailed to rdirks@ksu.edu, or mailed to Dr. Rachel Dirks, 109 McCain Auditorium, Kansas State University, Manhattan, KS 66506.

Name of Participant:

Please specify any accommodations that your child will need to participate in the String Leadership Institute:

Please list the number for a cell phone your child will have in his/her possession during the Institute (This is NOT mandatory. If provided, the number will be used only for coordinating participants during SLI. The number(s) will be maintained and utilized only by SLI staff):

(____) _____

In consideration of my child being allowed to participate in the String Leadership Institute on or about June 23-27, 2024, I, the undersigned parent or guardian, agree on behalf of myself and my child as follows: (please initial next to the following statements to indicate your agreement)

_____ I have received, read, understand, and accept the “SLI Code of Conduct and Rules” as stated in the String Leadership Institute Student Contract. I and my child are bound by the guidelines and agree that my child must conduct himself/herself in a respectful manner so as not to disrupt or interfere with others’ participation. I understand that a failure by my child to comply with the guidelines and/or if my child conducts himself/herself in a disruptive manner, my child may be removed from the String Leadership Institute, with no refund provided.

_____ I grant my permission for my child to participate in all activities during the String Leadership Institute and to ride in vehicles operated by the releasees (defined below) to and from events during SLI. I understand that the activities of SLI may include travel in vehicles within the vicinity of the Kansas State University campus, as well as to and from sites in or around Manhattan, KS under the supervision of SLI staff.

_____ I grant my permission for my child to participate in any and all activities conducted in conjunction with the String Leadership Institute. These activities may include, but are not limited to, auditions, one-on-one or group lessons, rehearsals, performances, and other special engagements. I also grant permission for my child to participate in any surveys designed to improve the quality of the activities of the Institute for future programs.

_____ I hereby WAIVE, RELEASE, AND DISCHARGE for my child and myself, my child's and my heirs, executors, administrators, legal representatives, assigns, and successors in interest ("successors"), Kansas State University, the State of Kansas, the Kansas Board of Regents, and all their agents, officers, employees, and volunteers (all collectively referred to as "releasees"), from all claims, demands, and causes of action of any kind, including claims for negligence which may arise from or be related to my child's participation in the aforementioned activity, including travel to and from events during the Institute.

_____ I and my child fully realize the risks associated with participation in the aforementioned activity, and I and my child fully ASSUME THOSE RISKS, including by way of example, but not limited to: the possibility of serious physical and/or mental trauma or injury (minimal, serious, catastrophic, death), injury from extensive walking, and other harmful interactions with other participants, releasees, or other third parties, including interactions taking place through social media. I also agree and acknowledge that my child's participation is voluntary, and I will not permit my child to participate unless he or she is medically able, realizing his or her physical limitations and abilities.

_____ I give permission to the releasees to act in my absence to authorize members of the medical profession and any hospital to treat my child for illness or injury suffered during the String Leadership Institute. Without limiting the foregoing release, waiver, and discharge, I (and on behalf of the successors) specifically hold the releasees harmless in the exercise or non-exercise of such permitted action and related decisions. I shall assume all medical expenses and recognize that no medical insurance is being provided by or through the releasees.

_____ I grant permission for the releasees to store the medications supplied by me or my child in a safe location in order for my child to access it to self-administer or for me to administer myself during the String Leadership Institute. I understand that I must label all medications with the child's name. I understand that releasees will not dispense or administer or instruct about medications, and take no responsibility for the child's or my administration of any medications. I understand that the releasees will permit access by my child at my child's request to the medications I have supplied.

String Leadership Institute - Important Medical Information

Student Name

Insurance Company Name, Address, and Policy or Contract Number

Family Physician & Phone Number

Allergies

Present Medications

Previous Illness/Surgery

Other Medical or Personal Information (e.g. dietary restrictions, requirements; religious preference; etc.)

WAIVER, RELEASE, AND ASSUMPTION OF RISK
KSU CHALLENGE COURSE (<http://recservices.k-state.edu/challengecourse/>)

Participant Name: _____

Emergency Contact Name: _____

Emergency Contact Phone Number(s) _____

The K-State Challenge Course is an experiential adventure program that offers groups and individuals the opportunity to engage in a series of personal development and team building activities. A challenge course, commonly referred to as a ropes course, is composed of wood, poles, cables, logs and belaying systems that are used for activities such as ice breakers, group initiatives, and low and/or high element challenges. In exchange for being allowed to participate at the KSU Challenge Course, I agree as follows:

The K-State Challenge Course is a great venue to build team skills and challenge each other and yourself—but all within your own physical and other limitations. The KSU Challenge Course consists of physically demanding elements that involve bending, twisting, climbing, lifting, running, jumping, swinging, balancing, soaring, heights of more than 40 feet, physical contact with others, falling, harnesses that may induce pressure on the hips, back, chest and stomach, and at times, intense physical exertion including without limitation increased heart and breath rates. There also are unforeseen risks inherent in these physically demanding activities. Additionally, these activities most often take place outdoors and can expose you to elements such as extreme heat, cold, sunlight, dehydration, bugs, spiders, ticks, poison ivy, or other potentially harmful elements.

I acknowledge that when participating in these activities, there is a possibility of physical injury, including an increased risk of injury if I fail to follow the staff's directions and safety guidelines. I also acknowledge that I can elect to not participate in part or all of the activities for any reason or no reason. I agree to consult with my personal physician before participating or I acknowledge that I have voluntarily declined to do so. If I choose to come to the KSU Challenge Course and/or participate in activities at the KSU Challenge Course, I do so voluntarily and at my own risk and personally **ASSUME ALL RISKS** associated with coming to the course and/or participating, whether or not the risk is specifically listed herein. I also acknowledge and assume all medical expenses that may arise related to my participation and acknowledge that no medical insurance is being provided by or through the "releases" (defined below).

I also **WAIVE, RELEASE, AND DISCHARGE** for myself and my heirs, executors, administrators, legal representatives, assigns, and successors in interest (“successors”), Kansas State University, the State of Kansas, the Kansas Board of Regents, and all their agents, officers, and employees (all collectively referred to as “releasees”), from all claims, demands, and causes of action of any kind, including claims for negligence which may arise from or be related to my participation at the KSU Challenge Course.

I also acknowledge it is my responsibility as a participant to follow the conduct and safety guidelines and procedures established by the KSU Challenge Course staff and that my failure to do so may result in staff not permitting me to participate in all or part of the activities and/or being asked to leave the KSU Challenge Course. If, at any time, I do not understand or have not heard specific instructions given by the staff, I realize that it is my responsibility to ask for clarification and/or assistance.

Do you need any accommodations to be able participate in activities at the KSU Challenge Course? If yes, please describe:

Do you have any medical conditions that you want to voluntarily disclose that you would want medical professionals to know in case of a medical emergency? If yes, please list/describe:*

***By you voluntarily disclosing any health or medical information, the KSU Challenge Course does not assume any obligations or liability – instead, it collects this information with the goal of passing it on to medical professionals. By disclosing information, you authorize the KSU Challenge Course staff to pass on the information to medical professionals. The KSU Challenge Course accepts this information in exchange for you holding the releasees harmless: Without limiting the foregoing release, waiver, and discharge, I specifically hold the releases harmless in the exercise or non-exercise of relaying this information and related decisions, actions, or inaction. My signature below binds myself, my representatives, administrators, successors, heirs, next of kin, and assigns on my behalf. By signing below, I am agreeing that I have carefully read and agree to all of the terms above, and if I am signing as a parent/guardian/legal representative, I also am agreeing to the terms—including without limitation assuming risks, waiving rights, and releasing and discharging claims, as more fully described above—on behalf of the minor child.**

PARTICIPANT SIGNATURE (Minor children must sign)

DATE

PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE

RELATIONSHIP

DATE

(Required if Participant is 18 years of age or younger)