

**WEST VIRGINIA UNIVERSITY  
PARENTAL PERMISSION AND RELEASE  
FOR  
ACADEMIC VISITORS  
UNDER EIGHTEEN YEARS OLD**

My minor child (a person under the age of 18), [print name], desires to participate as an Academic Visitor (“Visitor”) in the [location] at [insert specific building] at West Virginia University (“WVU”) with [insert host faculty] from [date] to [date].

**1. Purpose**

This Visitor opportunity is an academic experience. I understand that there is neither compensation nor benefits nor academic credit for this Visitor position. I understand that it does not create an employee, agent, or representative relationship with WVU.

**2. Risks and Responsibilities**

I understand that there are inherent risks to life, health, and property in a [insert location], including, but not limited to, [insert risks]. I understand these risks and agree to permit my child to volunteer in the [insert location] with full knowledge and acceptance of them.

**3. Medical Insurance and Authorization**

I hereby represent and warrant that my child is and will be covered by a policy of comprehensive health and accident insurance, which provides coverage for injuries and illnesses. I agree to report to WVU at the time of my execution and delivery of this form any physical or mental condition my child has that may require special medical attention or accommodation. I consent to any medical treatment that my child may require as a result of her/his participation in the [insert location]. I accept full responsibility for the costs of any medical care my child might receive during or as a consequence of participation as Visitor.

**4. Compliance and Termination**

The Visitor will abide by the rules, regulations, and policies of WVU as well as applicable local, state, and federal law. A violation of rules, regulations, policies, or law could result in termination of the visiting experience.

**5. Release**

To the extent allowable by law, I hereby WAIVE any claim my child or I may have at any time based on my child’s participation as a Visitor. Specifically, I hereby RELEASE, DISCHARGE, and AGREE NOT TO SUE the State of West Virginia; West Virginia University, including any component of the University, and its Board of Governors, officers, employees, students and agents; medical personnel, whether provided by WVU or not; and the heirs, predecessors, successors, and assigns of all of the persons and organizations listed here. I fully release all of these persons and organizations from any liability whatsoever. My waiver of rights includes giving up any claim that I may have, and any claim that any other person may have based on my child’s participation, including, but not limited to, parents, spouses, children and other relatives; my estate, personal representative or guardian; and insurers. My waiver releases all of the persons and organizations listed here from all liability, claims, demands, causes of actions, losses or damages, whether known or unknown, for bodily or personal injury or death, or damage to or loss of property, or any other injury, damage or loss of any kind,

resulting from, arising out of, or in any way related to my child's participation, including any claim based on actual or alleged negligence, gross negligence, intentional, or reckless behavior.

I understand and hereby acknowledge that my child's participation as a Visitor is wholly voluntary. Further, I have read this form in its entirety and I understand it fully. By signing it, I agree to all the terms of this document. I understand that my child may not volunteer without my permission and that all of the releases, authorizations, and statements made in this document apply to me and my child, and I consent to my child's full participation as an Academic Visitor at WVU.

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

On behalf of (minor child): \_\_\_\_\_

Host Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Chair/Dean Signature: \_\_\_\_\_

Date: \_\_\_\_\_