



Cornell University

Cornell University
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CORNELL REUNION 2018

June 7-10, 2018

The release agreement and medical authorization form below must be completed by any alumnus who will be bringing his or her child(ren) to Reunion 2018, regardless of whether or not they will be attending the Cornell Reunion Kids Club. (For this purpose, children are defined as individuals less than 18 years of age.)

RELEASE AND HOLD HARMLESS AGREEMENT

1. I hereby give permission for my child(ren), _____, _____, (please print), to participate in the REUNION 2018 WEEKEND and do hereby, on behalf of myself, my child, my assigns, executors, and heirs, release, indemnify, and hold harmless Cornell University, its trustees, officers, agents and employees from and against any and all liability, damages, expenses (including legal fees), and/or claims of any nature whatsoever arising out of or in any way related to my child's participation in the REUNION 2018 WEEKEND including any act or omission of any third party (Rescue Squad, Hospital, etc.), other than that attributable to the negligence or willful misconduct of Cornell University, its trustees, officers, agents and employees.
2. I acknowledge that I am personally responsible for the supervision and safety of my child and that I may not leave my child unsupervised at any time during the weekend or anywhere on Cornell property, including, but not limited to, residence hall rooms and class/association lounges. (The only exception being the hours of operation of the Kids Club, if my child is a registered participant.)
3. I have read the above and acknowledge that these terms are contractual in nature and not a mere recitation.

X _____
Parent or Guardian (signature) Date Witness

MEDICAL AUTHORIZATION/PARENTAL PERMISSION

I give permission for my child(ren), _____, _____, (please print), to be treated by the staff at Cornell University Health Services (Gannett Clinic) and/or the staff at Cayuga Medical Center's Emergency Room for medical emergencies of illness and injuries, and to take emergency measures as they deem appropriate in the event that I cannot be notified.

X _____
Parent or Guardian (signature) Date Witness