



# Parent/Guardian Request to Allow Unaccompanied Minor(s)

## Student Recreation Center AGREEMENT TO PARTICIPATE

- 1.1 I am aware that in participating in intramural, sports club or other recreational activities involves several inherent risks of bodily injury. In consideration to the right to participate in any of these activities, I waive and release any and all rights and claims for damage I may have against the University of Alaska, its Board of Regents, officers, employees and agents, for any and all injuries suffered while participating in any of these activities unless such injury is caused by the gross negligence of the University of Alaska. I give consent to emergency treatment, including hospitalization as may be needed.
- 1.2 I hereby agree to submit any disputes that may arise between myself and the University of Alaska, its agents, servants, and binding arbitration in accordance with the rules of the American Arbitration Association.
- 1.3 I am in good health and able to undertake in an intramural program, sport club, or other recreational activity.
- 1.4 **All children under the age of 18 (except full-time UAF students) MUST BE ACCOMPANIED and SUPERVISED BY A PARENT OR GUARDIAN AT ALL TIMES WITHIN THE SRC FACILITIES.**

I am requesting an exception to 1.4 for my minor child(ren) aged 15-17. I am aware that my child(ren) will only be allowed in the facility with an active membership and that they will be required to follow any and all posted rules, as well as any directives from Nanook Recreation staff. Refusal to do so will result in them being asked to leave. Multiple incidents will cause revocation of their exception as documented here. I am also aware that should my minor child(ren) utilize the SRC locker rooms there may be adults present with no supervision or monitoring by Nanook Recreation staff.

I am requesting this exception be approved for the following child(ren):

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

If I choose to revoke the above exception, I will do so in writing. I am aware that I will be required to renew this exception intermittently. Find the complete "UAF Protection of Minors Policy" at <http://www.uaf.edu/safety/minors/>.

X \_\_\_\_\_  
Parent/Guardian's Signature

DATE \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian printed name

\_\_\_\_\_  
Contact phone number