

MISSISSIPPI STATE UNIVERSITY

Waiver for Participation in the 2025 Summer Scholars Program

****This is a Release of Legal Rights-Please read BEFORE signing****

I am aware of potential risks connected with the activity and I hereby elect to voluntarily give my child permission to participate in said activity. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by my child, or any loss or damage to property owned by me or my child, as a result of being engaged in such activity or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or while in transit during and to and from said activity.

In consideration of the right to participate in the activity, I hereby COVENANT NOT TO SUE, and further RELEASE, WAIVE, and DISCHARGE Mississippi State University and all affiliated entities, the Board of Trustees for the State of Mississippi's Institutions of Higher Learning, the State of Mississippi, their officers, servants, agents, and employees (hereinafter "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me or my child, WHETHER CAUSED BY THE NEGLIGENCE OF OR A BREACH OF ANY EXPRESS OR IMPLIED CONTRACT BY THE RELEASEES, or otherwise, arising out of my child's participation in this activity.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees from any loss, liability, damages, or costs, including, but not limited to, court costs and attorney's fees, that may result from my being allowed to participate in this activity.

I further acknowledge that the Releasees, as public entities or employees, do not carry liability insurance for this activity and that in order to provide this activity, and others like it, as part of the Releasees' educational program, it is essential that the Releasees not be subject to liability or such activities sponsored by the Releasees may not be feasible in future public educational programs offered by the Releasees. I have health insurance to cover injuries sustained by my child, and hold MSU harmless for any medical expenses that my insurance may not cover in the event of an accident. I give the Summer Scholars agents and employees permission to seek medical care for my child, should my child require it during the activity.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing agreement, that I understand it, that I sign it voluntarily as my own free act and deed, and that no oral or written representations or statements of inducements, apart from the foregoing written agreement, have been made.

Participants Name

Signature of Participant/Date

Signature of Parent or Guardian/Date