

Parental Waiver of Liability/Permission for those students entering Union under 18

Please read and sign the following parental waiver. All students under 18 on the first day of classes must have this form on file with the Vice President for Student Life/Dean of Students before moving into their residential complex or beginning classes if a commuting student.

1. Identification of Risks

I understand that my student is going to live in a residence complex setting with diverse people. I understand that the University experience is a challenging one that can result in emotional anxiety and stressors, interpersonal conflicts and homesickness. While the Residence Life staff is responsible to maintain a supportive, Christ-affirming atmosphere, I understand that it is my student's responsibility to attempt to handle roommate conflicts in a positive manner, to follow the five community values, and to adhere to all guidelines in the Student Life Handbook. Further, it is my student's responsibility to seek help in resolving issues when necessary, and to notify their Resident Assistant and/or Resident Director when they are experiencing emotional, social and/or physical stressors.

2. Activities

I understand that the University experience often includes recreational activities, programs, games and events that may involve inherent risks of participation. I understand that my student may elect to participate in a wide variety of both Union-sponsored and non-sponsored events. I agree that it is up to my student to use wise judgment and common sense when participating in any activity. I understand that my student is responsible for his/her own safety and will act accordingly.

3. Waiver and Release

I hereby waive, release and discharge any and all claims against the University, and its trustees, officers, agents and employees from any and all liability, damage, expense and/or claim of any nature while my student resides on the premises of Union University and participates in voluntary activities. More specifically, I hereby hold Union University or any individual acting in an official or advisory capacity for Union University, harmless and release Union University and its agents from any liability and claims arising out of an accident or stressful incident, except where caused by the gross negligence or wanton misconduct of any of the released parties. I intend this waiver and release to also apply to any relative, heirs, next of kin, personal representatives, or assigns that might pursue legal action on my behalf or on behalf of the student.

4. Insurance

I currently have and agree to maintain throughout my student's participation, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility, and release all persons and entities from providing coverage for my student.

5. Photo Authorization

I hereby grant to Union University authorization to use the photographs taken of my student in official Union University materials (print, internet and media) and understand that the photos will be used at the professional discretion of Union University staff.

_____ Please check here and initial if you DO NOT give this authorization for photo authorization.

I have read this waiver carefully and I sign it voluntarily.

Signed _____ (parent or legal guardian)

Print Name: _____

Parent of _____ Date _____

Student's signature _____ Date _____

Return this form to:

Bryan Carrier, Ed.D.
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