

Kids College 2025 Releases

**Child's
Name** _____

- 1.) **Authorized Pick-Up List:** Please provide the names of all adults, including parents, authorized to pick-up your child from KidsCollege. A photo ID must be shown to pick up any child.

- 2.) **Liability Release:** Recognizing the educational benefits of this program and acknowledging that it is voluntary, I agree to assume responsibility for my child's safety and welfare while participating in the classes and hereby release Terra State Community College and its agents from liability for injury or damage arising out of the classes.

Parent or Guardian Signature

Date

- 3.) **Medical Release:** Please sign below if you desire a physician to treat your child if the need arises while he/she is attending the program. In the even of a serious illness or injury, you will be notified. If you are unavailable, necessary emergency treatment will be arranged.

Parent or Guardian Signature

Date

- 4.) **Food Allergies?** If you have a child who has a food allergy, please let us know IMMEDIATELY! Many of the classes have food-related activities and we will need the information to provide your child with a safe environment.

a. *List any allergies and special instructions for*

treatment: _____

- 5.) **Promotional Release:** *I give Terra State Community College permission to use my child's photo in various advertising campaigns, promotional brochures, and booklets.*

Parent or Guardian Signature

Date

NOTE: If any child has a need for special accommodation, please contact us at 419.559.2464