

This gives your parents their permission for you to take & pay for dual credit class.

Must be completed prior to enrollment if student is age seventeen (17) or younger

PARENTAL CONSENT AND WAIVER FORM FOR MINOR STUDENTS



Print your name

As a condition to be enrolled as a student within Lone Star College ("LSC"), I, _____, ("Student" name), understand that it is my responsibility to complete this form truthfully and accurately to the best of my ability. I further agree to notify immediately and in writing the LSC Admissions and Financial Aid Offices of any circumstances that may change.

I understand that a college level standard of conduct is required, and it is my responsibility to comply with the admission policies, student code of conduct, policies, academic standards of LSC, and standards set forth in the course syllabus. I understand that college level grading requirements will be used. I also understand that enrolling in certain courses could negatively affect financial aid, scholarships, future enrollment, tuition costs, etc.

Signature of Student _____ Date _____

print parent name

To be completed by Parent/Guardian:

I, _____, hereby certify that I am the parent or legal guardian of the above named Student and I have read and understand the above statements and agree to the terms and stipulations. I hereby grant my consent for the above named Student to enroll in classes at LSC.

Either I or a designated responsible adult will be available at LSC to monitor Participant's activities outside of class while at LSC owned locations and will be immediately available in case of an emergency. I understand that although LSC will act reasonably, LSC does not take guarantee to provide additional or extraordinary safety measures for any group or individual on campus.

All students age sixteen (16) years or younger must have a parent, legal guardian, or authorized responsible adult while at a LSC college, center, or facility at all times to monitor the student's activities outside of class and to be immediately available in case of an emergency. Failure to have a parent or legal guardian at the LSC college, center, or facility will cause the student to be removed from each enrolled class.

In consideration of Student being permitted to participate in courses at LSC and use the LSC facilities ("facilities"), I, on behalf of Student, hereby assume all risks of injury, illness, death or other loss arising from or in any way relating to Student's participation in courses or use of the facilities. I acknowledge that Student's use of the facilities may expose Student to hazards or risks that may result in Student's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks.

On behalf of myself, Student, family, heirs, and personal representative(s), I hereby release LSC, its governing board, officers, employees, and representatives (collectively the "Releasees") from any and all liability to me, Student, personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Student's property and for any and all illness or injury to student, including death, that may result from or occur during participation or use of the facilities, whether caused by negligence of the Releasees, or otherwise. I further agree to indemnify and hold harmless Releasees from liability for the injury or death of any person(s) and damage to property that may result from Student's negligent or intentional act or omission while participating or using the facilities. I understand and agree that Releasees may not have medical personnel available.

I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

Signature of Parent/Guardian _____ Date _____

Note: Signed original to be retained as a Student record.

Name of Parent/Guardian _____
print

Note: Modification of this Form requires approval of OGC