

# Cub Connections Program Participation Waiver

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_ understand that  
(Printed Parent or Guardian Name) (Printed Student Name)

my child will participate in Western New England University's Cub Connections Tutoring Program.

I understand that my child may participate in physical and interactive activities that could result in injury or death. I further understand that my child will walk with Western New England University's Cub Connections tutoring program staff from John J. Duggan Academy to Western New England University.

I do hereby hold harmless and release, waive, and forever discharge Western New England University, its successors, assigns, and other legal representatives, and its officers, trustees, agents, employees and students from, and against, any and all claims, demands and actions, or causes of action, on account of any damage to my property, injury, or death which may result from my participation in this program, even though the claim or liability may arise out of the negligence or carelessness on the part of the University, or any third person, whether foreseen or unforeseen, known or unknown.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Cub Connections Tutoring Program Emergency Waiver Form

**Emergency Authorization:**

During the Cub Connections Tutoring Program, emergencies may develop at any time, and these emergencies may necessitate medical care, hospitalization, blood transfusions or surgery. If possible, a Western New England University representative or agent will contact parents, guardians or personal physicians prior to such treatment. However, such contact may not be possible, depending on the nature of the emergency. Therefore, by initialing here, you authorize Western New England University, through the Office of Learning Beyond the Classroom, or its representatives or agents, to secure medical treatment, including anesthesia and surgery if needed. Payment for any medical services is solely your responsibility and you are responsible for reimbursing Western New England University or its agents for any expenses, which are incurred on account of any treatment for personal injuries. **Please initial here to indicate that you have read and fully understand this paragraph:** \_\_\_\_\_.

**Emergency Contact Information:**

In the event of an emergency, every effort will be made to contact the following individual(s):

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(cell) \_\_\_\_\_

Alternative names, relations and phone numbers:

---

---

Name and phone number of primary care physician:

---

---