



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

PARENTAL CONSENT AND WAIVER FORM  
FOR MINOR STUDENTS

As a condition to be enrolled as a student within the Lone Star College System (“LSCS”), I, \_\_\_\_\_, (“Student”) 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- \_\_\_\_\_ (“College”) Admissions and Financial Aid Offices of any circumstances that may change.

I understand that I am enrolling in a college course(s) that demands a high level of maturity and responsibility that is greater than public education requirements. I understand that the teaching methodology and content of this course(s) may include certain controversial issues.

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 LSCS, 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.

I understand that the grade(s) received for course(s) will become a permanent record on my college transcript, regardless of the results.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**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.

For students who are age seventeen (17) or younger, the law generally gives parents certain rights to inspect and review the education records of their children. I understand that these rights shift from parents to Student once Student enrolls in LSCS, and this shift occurs even if Student is age 17 or younger.

Students age sixteen (16) years or younger must have a parent or legal guardian at the System campus, 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 System campus, center, or facility will cause the student to be removed from each enrolled class.

Students age seventeen (17) years or younger must complete and return a Parental Consent and Waiver Form prior to enrolling at LSCS. This applies to all students who take a class at LSCS that requires them to be present at a System campus, center, or facility during the semester.

In consideration of Student being permitted to participate in courses at LSCS and use the LSCS 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 LSCS, 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 HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR STUDENT’S INJURY OR DEATH OR DAMAGE TO STUDENT’S PROPERTY THAT OCCURS OR RESULTS FROM STUDENT’S PARTICIPATION OR USE, AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY STUDENT’S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

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

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

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

**Modification of this Form requires approval of the Office of the General Counsel**