

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

_____ School Year

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including, any risks that may arise from negligence or carelessness on the part of the persons or entities being released,

I certify that my child is physically fit and has not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity. In case of an accident,

_____ I have provided a copy of my child's insurance card.

_____ I have provided the name of my child's doctor name and address.

Doctor's Name: _____

Doctor's Phone Number: _____

Doctor's Office Location: _____

I acknowledge that this Accident Waiver and Release of Liability Form will be used by The School of Hope. In consideration of my application and permitting your child to participate in this activity.

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, and property theft.

(B) I RELEASE LIABILITY OF ALL ACCIDENTS which may occur traveling to and from this activity.

(C) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Principal, teachers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits, and serious injuries could occur.

I hereby consent for my child to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Printed Signature

Date

Child's Name

Age

Parent/Guardian Signature
(If under 18 years old, Parent or Guardian must also sign)

Date