

Lighthouse Project 2010

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In CONSIDERATION of the acceptance of the application for entry into classes, activities, or camps, or by agreement to pursue OT treatment(s), I hereby WAIVE, RELEASE, and DISCHARGE any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in classes, activities, or treatment(s). This release is intended to discharge in advance the **Lighthouse Project**, its agents and employees from and against any and all liability arising out of or connected with my own/ child's participation in said classes, activities or treatments.

I UNDERSTAND THAT EACH CLASS, ACTIVITY, CAMP OR TREATMENT SUBJECTS MY CHILD TO PHYSICAL RISKS AND DANGER. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE, WHO, THROUGH NEGLIGENCE OR CARELESSNESS MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSES OR ASSIGNS.

It is understood that this waiver, release, and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSES, and ASSIGNS.

I have carefully READ this agreement and fully UNDERSTAND its content. Parents or guardians of all participants registered in classes, activities, camps, or scheduled OT sessions, must sign this Agreement.

TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR PARTICIPANTS (under age 17):

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR

Print Parent/ Guardian name: _____

Address, City, State, Zip: _____

Signature of parent or guardian: _____ Date: _____

Please indicate whether you are signing as: Parent **or** Guardian