**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

Name of the Activity or Event: _____ Date of Activity or Event: _____

**Check One:**
- ☐ Support group/workshop
- ☐ Youth Activities
- ☐ Family Fun Event
- ☐ Student Volunteering

IN SIGNING THIS WAIVER, I HEREBY ASSUME ALL OF THE RISKS OF MY CHILD OR MYSELF, PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limited to, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. [1]

I certify that neither my child nor I have been warned against participating in this event or activity by a qualified medical professional. I certify that there are no health-related reasons or problems which would preclude my child or me from participating in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Families Helping Families Resource and Recreation Center, the event holders, sponsors, and organizers of the activity or event in which my child or I are participating in.

I WAIVE, RELEASE, AND DISCHARGE AND INDEMNIFY AND HOLD HARMLESS 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, property theft, or actions of any kind which may hereafter occur to me including during my traveling to and from this event, and promise not to sue, Families Helping Families Resource and Recreation Center or any of its directors, officers, employees and volunteers (and their families), and any individuals, representatives, spouses, volunteers or agents associated with the activity or event.

MEDICAL TREATMENT: I hereby consent for my child or me to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event, and I hereby release and forever discharge Families Helping Families Resource and Recreation Center from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during this activity or event. I HEREBY CONSENT TO RECEIVE MEDICAL TREATMENT WHICH MAY BE DEEMED ADVISABLE IN THE EVENT OF INJURY, ACCIDENT, AND/OR ILLNESS DURING THIS ACTIVITY OR EVENT.

I understand that at this activity or event, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns, without charge.

This accident waiver and release of liability 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 Name (Print)

_____
Participants' Age (if under 18, see below)

_____
Participant's Signature

_____
Date

**PARENT / GUARDIAN WAIVER FOR MINORS (Under 18)**

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above.

_____
Signature of Parent or Guardian

_____
Date

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