

Community Partners With Youth
LIABILITY RELEASE, WAIVER AND ASSUMPTION OF LIABILITY

I AGREE: that in consideration of Community Partners With Youth allowing me and/or my children and wards to participate in program activities provided by Community Partners With Youth (the "Activities"), or to be in the vicinity of the Activities, I, for myself and on behalf of my children and/or wards, heirs, administrators, personal representatives or assigns, to the fullest extent permitted by law, do hereby hold harmless, release and discharge Community Partners With Youth, its, agents, employees, officers, directors, representative, assigns, members, owners of premises, affiliated organizations, insurers, and others acting on its behalf (collectively referred to as "Releasees"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to Community Partners With Youth's and/or Releasees' ordinary negligence in connection with the Activities; and I do further agree that except to the extent of any gross negligence or willful and wanton misconduct by Community Partners With Youth and/or Releasees, I shall not bring any claims, demands, legal actions and causes of action against Community Partners With Youth and/or Releasees for any economic or non-economic losses due to bodily injury, death, or property damage sustained by me and/or my minor child and/or ward in relation to the premises, operations of Community Partners With Youth, or the Activities.

I AGREE: that participation in the Activities, or being in the vicinity of the Activities, is voluntary, that the services provided by Community Partners With Youth and/or Releasees in connection with the Activities are available from other providers, and that neither I nor my minor child and/or ward are required to participate in the Activities or be in the vicinity of the Activities.

I AGREE: that by participating in the Activities or being in the vicinity of the Activities, I, for myself and on behalf of my child and/or ward, assume all known and unknown risks that are inherent in such Activities or being in the vicinity of such Activities.

I AGREE: that if my child and/or ward requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on my child or among their personal belongings every day they participate in the Activities. If Community Partners With Youth and/or Releasees are required to administer and use the epi-pen and/or medication, I agree to forever release and discharge Community Partners With Youth and/or Releasees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

I HAVE READ THIS WAIVER, RELEASE AND ASSUMPTION OF LIABILITY, AND I AM SIGNING IT FREELY AND VOLUNTARILY. I FULLY UNDERSTAND THAT BY SIGNING IT, I AM GIVING UP SUBSTANTIAL RIGHTS.

Signature: _____ Date Signed: _____

Print Name: _____

Print Name of Participants: _____

**Community Partners With Youth
CONSENTS**

I ACKNOWLEDGE that in connection with program activities provided by Community Partners With Youth (the “Activities”), field trips and other outings may be scheduled, and Community Partners With Youth may arrange for and provide transportation for field trips and outings.

I ACKNOWLEDGE that in connection with the Activities, program leaders, staff or volunteers of Community Partners With Youth may, from time to time, administer epi-pen, prescription or over the counter medication or apply diapering products, sunscreen lotions or insect repellants to participants in the Activities. Medications and products are administered according to the manufacturer’s directions unless written instructions for their use are provided by a licensed physician or dentist.

I CONSENT to allow my children and wards enrolled in the programs with Community Partners With Youth to participate in field trips and other outings included in the Activities, including transportation provided in connection with the Activities.

I CONSENT that in connection with the Activities, program leaders, staff or volunteers of Community Partners With Youth may administer epi-pen, prescription or over the counter medication or apply diapering products, sunscreen lotions or insect repellants as needed and as described above.

I FURTHER CONSENT to allow my children and wards enrolled in the programs with Community Partners With Youth to be photographed during the Activities, and that such photographs may be used in connection with Community Partners With Youth program and promotional materials, including brochures, newsletters, the program’s webpage and related uses.

Signature: _____ Date Signed: _____

Print Your Name: _____

Print Name of Participants: _____