



WAIVER OF LIABILITY, ASSUMPTION of RISK and INDEMNITY AGREEMENT for PARTICIPATING ADULT

As an adult, I plan to participate in the Mežotne Children's Summer Camp Program, sponsored by the Latvian Association of Washington State and held at the West Coast Latvian Education Center in Shelton, Washington. I may be attending as an adult companion to my child, a staff member, a group counselor, a counselor helper, or general volunteer.

In connection with and consideration of my participation in the Program, I, on behalf of my myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that my participation in any Program related activity can potentially be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Program and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and, even, death.
2. I represent and warrant that I have no physical, health related or other problems which would preclude or restrict my participation in the Program or otherwise render my participation dangerous or harmful to myself or others. I further represent and warrant that I have adequate medical, health and/or other insurance coverage.
3. I further agree to reimburse or make good any loss or damage cost that the camp (its officers, employees and agents) may have to pay if any litigation arises on account of any claim made by me or by anyone on my behalf.
4. Knowing the dangers, hazards and risks associated with the Program, and with sufficient knowledge of my physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which I may, in any way, sustain in connection with participation in the Program and related activities.
5. I agree that I must abide by all rules and regulations applicable to participation in the Program. Should I require emergency medical treatment or first aid as a result of illness or injury associated with the Program or related activities, I consent to such first aid and/or treatment and agree to pay for any and all related medical and hospital expenses associated with such treatment.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the Mežotne Children's Summer Camp Program, the Latvian Association of Washington State, the West Coast Latvian Education Center and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the Program and/or related activities, whether due to the negligence, mistake or other action or inaction of the Mežotne staff, or any other person or entity involved in any way with the Program.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Name of Participating Adult: _____

Signature of Participating Adult

Date