



**WAIVER OF LIABILITY, ASSUMPTION of RISK and
INDEMNITY AGREEMENT
for PARTICIPATING CHILD/CHILDREN**

My minor child/children, as listed below, has/have my permission to fully 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, and in all activities associated with the above named summer camp Program.

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

1. I am aware that 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 my child/children has/have no physical, health related or other problems which would preclude or restrict their participation in the Program or otherwise render their participation dangerous or harmful to them or others. I further represent and warrant that my child/children has/have adequate medical, health and/or other insurance for participation.
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 said minor/s or by anyone on behalf of said minor/s.
4. Knowing the dangers, hazards and risks associated with the Program, and with sufficient knowledge of my child’s/ children’s 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 my child/children may, in any way, sustain in connection with participation in the Program and related activities.
5. I agree that my child/children must abide by all rules and regulations applicable to participation in the Program. Should my child/children 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 to pay for any and all associated costs.
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 child’s/children’s 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.

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.

Participating Child's Name Age

Participating Child's Name Age

Participating Child's Name Age

Participating Child's Name Age

Name of Parent/Guardian: _____

Signature of Parent/Guardian Having Care and Custody of Participating Child/Children

Date