

**RELEASE AND WAIVER OF CLAIMS (SAMPLE)**

I/We \_\_\_\_\_, parent(s)/guardian(s) of \_\_\_\_\_  
(also herein "child" and/or "minor"), age \_\_\_\_\_, grade \_\_\_\_\_, enter the following Release and Waiver and agree that **I/We have had plenty of time to read and understand the following before signing it and that I/We do so freely:**

In consideration of the child's participation in the (name the activity e.g., Youth Camp, etc.), I, individually and on behalf of any other parent or guardian of the Child ("Releasors") agree to release, indemnify, defend, and forever discharge (organization name) any companies or entities affiliated with them and their employees, representatives, officers, directors, staff, and volunteers ("Releasees") of and from any and all claims, losses, injuries, (up to and including death), demands, rights, and causes of action which may result from participation of the child in the \_\_\_\_\_, and related activities, whether caused by Releasees, or any third party, or which may result from any other matter or occurrence whatsoever, including negligence or carelessness. This Release is in addition to any other Release which I/We may have previously signed in favor of the (organization name).

I/We know that children can be injured, sometimes seriously, up to and including death, from (e.g., camping and related activities, etc.). I/We certify that the child above-named is physically and medically able to participate in the (name activity) and related activities to the best of my/our knowledge, information, and belief. In the event of an emergency, every effort will be made to immediately contact the parent or guardian at the phone number(s) listed below. If I/we cannot be reached at the phone number(s), I/We give permission to the physician selected by (name organization) to hospitalize, secure proper treatment for and order injection(s), anesthesia, or surgery for the child as the physician(s) sees fit. I/We release (name organization) and their agents, employees, affiliates, representatives, directors, officers, and any physician and/or hospital for any medical treatment provided hereunder. I/We agree to be completely responsible for any and all treatment and related costs for medical and dental services provided pursuant hereto.

(Optional) Appropriate photographs and/or video recordings may be taken of the child while participating in the \_\_\_\_\_ and related activities. These photos and/or video recordings may be published in Releasees' materials such as in/on Releasees' bulletin boards, flyers, mailers, web site, and the like. I/We give our permission to Releasees to use such photos or recordings as indicated herein and release and hold harmless Releasees for any action taken as stated herein, from any and all claims, losses, or injuries which could or may result from such publications, including from any acts of negligence or carelessness related thereto.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (parent/guardian)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (parent/guardian)

Contact Phone number(s): \_\_\_\_\_ (Home); \_\_\_\_\_ (Cell)  
\_\_\_\_\_ Work

Address: \_\_\_\_\_

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