

San Diego Family Science

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in the San Diego Family Science Summer Science Camp (herein after "SDFS"), I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** SDFS, its officers, employees, coaches, volunteers and agents from liability **from any and all claims including the negligence of SDFS, its agents, principals, volunteers and employees**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in SDFS camps, workshops and activities.

Name of Minor (print) _____ **Date of Birth** _____

Signature of Parent/Guardian of Minor _____ **Date** _____ **Telephone Number** _____

Assumption of Risks: Practicing science and free-play activities carry with them certain inherent risks. The activities that we have planned do not use corrosive or toxic chemicals but we will at times, require the kids to wear safety goggles and aprons for the protection of their eyes (against irritants) and clothing. Even with these safety practices, there are minor risks of cuts, skin irritations, eye irritation and **stained clothing**. During after lunch free play kids will be supervised but there are inherent risks of scratches, bruises, sprains and other more serious injuries including 1) loss of sight, joint or back injuries, heart attacks and concussions and 2) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in SDFS camps and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to indemnify and hold SDFS, its principals, officers, employees and volunteers harmless from liability from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in SDFS camps, workshops and activities and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully **understand its terms, and understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release** of all liability to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor _____ **Date** _____

RELEASE AUTHORIZATION FOR EMERGENCY TREATMENT

In the case of an emergency and if I cannot be reached, I authorize the staff of SDFS to obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

I am the parent/guardian of the minor and I am signing this Release on behalf of said minor.

Signature of Parent/Guardian of Minor _____ **Date** _____