



RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

The undersigned Parent(s)/Legal Guardian(s) agrees to the following terms and conditions:

In consideration for (name of child) _____ (herein referred to as "Participant")
being allowed to participate in (event) _____
from _____ through _____
(herein referred to as "Event").

I hereby release, waive, discharge and covenant not to sue *Reality Ventura*, it's officers, employees, servants, agents, assigns, and volunteer staff, (hereinafter referred to as "Releasees") from any an all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by the Participant or to any property belonging to Participant whether cause by the negligence of the Releasees or otherwise, while participating on the Event, or while in, on or upon the premises where the Event is being conducted, while in transit to or from the premises, or in any place or places connected with the Event.

I acknowledge that Participant is voluntarily participating in the Event. I also understand that participation in the Event requires Participants to abide by applicable rules and standards of conduct. I am fully aware of risks and hazards associated with the participation of the Event, and I am fully aware that there may be risks and hazards unknown to me. I hereby elect to voluntarily allow the below listed Participant to take part in all aspects of the Event and engage in activities, knowing that conditions may be hazardous, or may become hazardous or dangerous. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by the Participant or any loss or damage to property owned by me or the Participant as a result of the Participant taking part in the Event, whether cause by the negligence of Releasees or otherwise.

I further hereby agree to indemnify and save and hold harmless the Releasees from any loss, liability, damage or costs they may incur due to the Participant taking part in the Event, whether caused by the negligence of any or all the Releasees, or otherwise.

It is my express intent that this Release shall bind the members of my family and spouse and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

In case of an emergency involving the Participant, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge of the Event to secure proper treatment, including hospitalization, anesthesia, surgery, or injections for the Participant. Medical providers are authorized to disclose protected health information to the adult in charge of the Event, Event staff, and/or any physician or health care provider involved in providing medical care to the Participant. Protect Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R §§160.103,164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation for the Participant, follow-up and communication with the Participant's parents or guardian, and/or determination of the Participant's ability to continue in the program activities.

In signing this release, I acknowledge and represent that:

1. I have read the foregoing Release, I understand the legal consequences of signing this document, and I am signing this document voluntarily as my own free act and deed.
2. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made.
3. I am the parent or legal guardian of Participant.
4. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Participant Signature: _____ **Date:** _____

By signing or typing my full name below, I am confirming that I have read, understand and agree to the Release. (For digital format, please type your full legal name in the space below as your digital signature.)

Parent(s)/Legal Guardian(s) Signature: _____ **Date:** _____

Parent(s)/Legal Guardian(s) Name Printed: _____

Emergency Contact Person: _____ **Phone Number:** _____

Relationship to Participant: _____