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Assumption of Risk, Release from Liability, and Indemnification Agreement

As the parent or legal guardian of the below named minor or dependent, I assume full responsibility for the decision for my child/dependent to participate in Partnering for Eternity. I understand that participation by my dependent may entail known and unanticipated risks, and I hereby accept any and all such risks, including, but not limited to, the risk of physical and/or emotional injury, illness and/or disease, and property damage and/or loss.

To the fullest extent permitted by law, I agree, on behalf of myself and my heirs, to release, indemnify, defend, and hold harmless the PFE Program Organizers (the Program Organizers are _____(school name) and their respective trustees, officers, employees, agents, volunteers, and assignees) from and against any and all claims arising out of or resulting from my dependent's participation. A "claim," as used in this Agreement, means any cause of action, suit, action, liability, damage, financial loss, or expense, including, but not limited to attorney's fees, arising from my dependent's participation in PFE. I acknowledge that this Agreement is intended to be as broad and inclusive as permitted by law and that, if any portion is held to be invalid, the remaining portion of this Agreement shall continue in full force and effect. In addition, I affirm that I have current medical insurance coverage and that such coverage is adequate to cover any injuries my dependent might experience as a result of participation in PFE. This Agreement shall be effective for my dependent's participation in PFE throughout the entire 2020-2021 school year.

NOTE: This is a legal document that affects your legal rights. Your signature below signifies that you have read the document carefully, that you understand it, and that you agree with its terms as a pre-condition to participation. By signing below, I agree to the terms and conditions of this Assumption of Risk, Release from Liability, and Indemnification Agreement.

Printed Name of Participant/Dependent _____

Printed Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date _____

Signature of Participant/Dependent _____ Date _____

Participant Birthdate: ____/____/____