



Waiver of Liability

I agree that the Easterseals all volunteers, its employees, and other participants in the Easterseals will not be held responsible or liable in any way whatsoever as a result of any incident which might be construed to adversely affect me or my child's health, safety or welfare. I also understand that neither Easterseals, their employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable owners and leasers on premises used to conduct the program nor any facility will assume responsibility for any injury, disability, death, or loss or damage to person or property, accidents, medical, dental, or other expenses incurred as the result of accidents sustained during participation in the program whether arising from negligence or otherwise.

I knowingly waive all my rights to hold Easterseals, Easterseals employees and other participants liable as a result of any incident which might be construed to adversely affect my health, safety, or welfare.

I make this agreement in consideration of my participation in the RESPITE PROGRAM.

I have fully disclosed to the RESPITE PROGRAM, information about my child's physical and mental health which might affect performance as a program participant, and I acknowledge full responsibility for any consequences of my failure to disclose that information.

I agree to follow all procedures, policies, and practices established by the Easterseals while participating in the RESPITE PROGRAM.

I have read this agreement and voluntarily and knowingly agree to the terms contained herein.

Print Name of Easterseals participant

Date

Signature of Easterseals participant

Date