



**WAIVER OF LIABILITY, ASSUMPTION of RISK  
and INDEMNITY AGREEMENT  
for PARTICIPATING CHILD/CHILDREN**

My minor child/children, as listed below, has/have my fully permission to fully participate in the "Kursa" Latvian Summer School held at the West Coast Latvian Education Center in Shelton, Washington, and in all activities associated with the above names summer School.

In connection with and consideration of my child's/children's participation in the School, I, on behalf of my child/children and myself, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that participation in any School related activity can potentially be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the School and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and, even death.
2. I represent and warrant that my child/children has/have no physical, health related or other problems which would preclude or restrict my participation in the School or otherwise render my participation dangerous or harmful to them or others. I further represent and warrant that my child/children has/have adequate medical, health, and/or other insurance coverage for participation.
3. I further agree to reimburse or make good any loss or damage cost that the school (its officers, employees and agents) may have to pay if any litigation arises on account of any claim made by said minor/s or by anyone on behalf of said minor/s.
4. Knowing the dangers, hazards and risks associated with the School, and with sufficient knowledge of my child's/children's physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child/children may, in any way, sustain in connection with participation in the School and related activities.
5. I agree that my child/children must abide by all rules and regulations applicable to participation in the School. Should my child/children require emergency medical treatment or first aid as a result of illness or injury associated with the School or related activities, I consent to such first aid and/or treatment and agree to pay for any and all related medical and hospital expenses associated with such treatment.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the "Kursa" Latvian Summer School and the West Coast Latvian Education Center and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and

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causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my child's/children's participation in the School and/or related activities, whether due to the negligence, mistake or other action or inaction of the "Kursa" staff, or any other person or entity involved in any way with the School.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Participating Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Participating Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Having Care and Custody  
of Participating Child/Children

\_\_\_\_\_  
Date