

# The E.A.S.E.L., Inc.

## WAIVER

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations and instructions, I am, to the best of my knowledge, in good health and able to participate in this program. I authorize the staff of the EASEL to organize any required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. If any major treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone. The undersigned hereby forever releases, discharges and covenants to hold harmless the EASEL, Inc, and any person, firm or corporation charged or chargeable with responsibility of liability, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of actions belonging to the undersigned or arising out of any act or occurrence in connection with and particularly in account of all personal injury, disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of matters described herein or in consequence of the participation in the recreation program sponsored by the EASEL, Inc. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this Agreement shall apply to all unknown and unanticipated injuries and damages, directly or indirectly resulting from here. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

Participant's Name \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Allergies/Allergic Reactions \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_