

ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNIFICATION

The Undersigned hereby acknowledges, agrees, and accepts the risk of injury and illness inherent in any physical activity and/or program, including particularly, the programs offered by *The Keweenaw Family Resource Center*. Such risks may include but are not limited to falling, bumping, risks from abrasions, scrapes, cuts, burns, broken, sprained or bruised limbs, as well as risks from the actions or omissions of others.

The Undersigned assumes all risk of personal injury and property damage for the Undersigned and all children under the care of the Undersigned.

The Undersigned recognizes that it is impossible to guard against every possible harm or danger to persons or property and therefore, the Undersigned agrees to hold the KFRC, its Board Members, employees, agents, independent contractors, and other guests, harmless from and against any and all liability and agrees to pay for the defense (including reasonably attorney’s fees, expert witness fees, and court costs), of any suit filed against KFRC as a result of the Undersigned’s actions and the actions of the children under the care of the Undersigned when the Undersigned or the children under the care of the Undersigned are on KFRC premises. The Undersigned acknowledges that it is the responsibility of the Undersigned to monitor the activities of the children under the care of the Undersigned when such children are on KFRC premises.

I have read the KFRC handbook and agree to abide by said policies and procedures.

Signature: _____

Date: _____

Child(rens) _____

If you would like to receive our newsletter please print your name and address:

The Undersigned expressly agrees that *KFRC* may use photos taken of the Undersigned, Undersigned’s children, and caregivers for archival and publicity purposes.

Signature: _____

Date: _____

FOR OFFICE USE ONLY:	
Staff Name: _____	Date: _____
Staff Signature: _____	