

LIABILITY WAIVER AND RELEASE FORM (MINOR CHILD)

THIS IS A RELEASE OF LEGAL RIGHTS — READ AND UNDERSTAND BEFORE SIGNING

I hereby certify that I am the adult parent or guardian of _____, a minor child under the age of eighteen years, and I consent to their participation in recreational activities related to the Mental Health Adventure Day Camp program through Balance-Mental Health and Wellness, LLC.

I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury, property loss or damage) of said minor child's participation in recreational activities throughout the course of the Mental Health Adventure Day Camp program. I recognize my responsibility to ensure that said minor child participates only in those activities for which they have the required skills, qualifications, training and physical conditioning. I understand that Balance – Mental Health and Wellness, LLC shall have no responsibility to pay for medical treatment and related costs if said minor child is injured.

Knowing the risks described above, I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding my minor child's recreational activities throughout the course of the Mental Health Adventure Day Camp Program. To the fullest extent allowed by law, I hold harmless and agree to indemnify Balance – Mental Health and Wellness, LLC, its management, employees, interns and contractors from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor child may suffer or for which said minor child may be liable to any other person, related to said minor child's participation in recreational activities during the course of participation in the Mental Health Adventure Day Camp program, resulting from any cause whatsoever, and regardless of fault.

I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release Form (Minor Child). I understand and agree that no oral or written representations can or will alter the contents of this document.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____