

WAIVER AND RELEASE

Please read this form carefully and be aware in registering yourself, your child or ward for participation in the DREAM programs you will be waiving and releasing all claims for injuries you or your minor child/ward/adult son or daughter might sustain arising out of program participation.

As a participant or parent/guardian of a participant in the DREAM programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume full risk of any injuries, property damage or loss which I or my minor child/ward/adult son/or daughter may sustain as a result of participating in any and all activities connected with or associated with the DREAM programs.

I agree to waive and relinquish claims I or my minor child/ward/adult son or daughter may have as a result of participating in the program against the DREAM programs and its officers, agents, servants, volunteers, and employees.

I further agree to indemnify and hold harmless and defend the DREAM program and its officers, agents, servants, volunteers, and employees from any claims by other parties resulting from injuries, damages, and losses caused by me or my minor child/ward adult son or daughter arising out of, connected with, or in any way associated with the activities or program offered.

In the event of an emergency, I authorize Lindsay or Troy Trigg to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child/ward adult son or daughter's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above program details, waiver, and permission to secure treatment and shall not be modified orally.

I do ___ do not ___ give my permission for my minor child/ward adult so or daughter's or my picture to be taken and used for publicity purposes and scrapbooking.

Please list any programs, classes, or activities that you specifically do not want your minor child/ward adult son or daughter to participate in: _____

Participant/Child/Ward/Adult Son or Daughter Name (please print)

Participant Address

Participant/Parent/Guardian Signature

Date

Guardian Address

This waiver is effective for two years after the date of signature, and you will be notified two months prior to its expiration when a new waiver will need to be signed. We will keep a copy of this on file please let us know if you would like a copy for your records.

Created 06/2006