

## OPEN DOORS FOR MULTICULTURAL FAMILIES

### RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (“Release”), effective as of the date below, is entered into by and between Open Doors for Multicultural Families and any of its affiliate or subsidiary organizations (collectively, “Open Doors”) and the Participant named below. In consideration of my participating in the Activity identified below, provided by or supported in whole or in part by Open Doors, I hereby agree to be bound by the following terms and conditions.

**PARTICIPANT NAME** (please print): \_\_\_\_\_

Activity: **ODMF INCLUSION EVENT PARTICIPATION**

Location: **LAKE SAMMAMISH STATE PARK, WA**

Date: **10 AUG 2019**

- 1. Assumption of Risk.** I hereby acknowledge and understand that the Activity may involve risks of injury and illness to persons and property. I (or my parent or guardian), on behalf of myself, my assignees, heirs, guardians and legal representatives, hereby acknowledge such risks and assume full responsibility for such risks.
- 2. Waiver, Release, and Agreement to Hold Harmless.** In consideration of being permitted to participate in the Activity, I hereby waive, release, and agree to hold harmless Open Doors, its owners, directors, officers, employees, volunteers, agents, their successors and assigns from any and all claims or liability of any nature arising from my participation in or travel to and from, the Activity.
- 3. Insurance.** I understand that Open Doors does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage that may result from my participation in the Activity.
- 4. Medical Treatment and Release.** I hereby give my permission and authorize Open Doors, at my cost, to arrange or supply medical treatment by a licensed physician, emergency response personnel, or hospital when a physician deems such treatment necessary, on my behalf, for my safety and well-being. I hereby release and forever discharge Open Doors from any claim which arises or may hereafter arise on account of medical treatments rendered in connection with an emergency that may occur during the Activity, including but not limited to any first-aid treatment or other medical services.
- 5. Miscellaneous.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. This Release contains the entire agreement between myself and Open Doors and supersedes any prior agreement, written or oral. I hereby agree that this Release is binding upon my heirs, successors, guardians, and estate.
- 6. Media Release.** I give permission to have my photo/video taken and used for publicity purposes.

The undersigned Participant represents and warrants that he or she is at least 18 years of age or that the Participant's parent or legal guardian has also signed below.

PARTICIPANT:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

I am the parent or legal guardian of the individual who has signed above as the Participant. On behalf of the Participant, I agree to the terms of this Release.

PARENT/LEGAL GUARDIAN:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

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IN CASE OF EMERGENCY PLEASE CONTACT:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_