Waldorf Inter-School Activity Participant Form

Permission, Acknowledgement of Risk, and Release

As the parent or guardian of (your child's name)_____, I voluntarily give permission for my child to attend the Medieval Games school event hosted by the Cincinnati Waldorf School from April 28, 2016 to April 29, 2016.

During the Medieval Games school event, my child will participate in a variety of activities, including physical activities, with children from Waldorf schools and from home school programs. The activities are held in both indoor and outdoor venues. The outdoor activities may take place in open fields, wooded areas, and other designated areas. The activities may include, but are not limited to, running, hiking, rock climbing, rappelling, bouldering, crossing logs or bridges, games, or activities appropriate to the historical time period. The activities also include, but are not limited to, transportation, staying overnight with a host family, meals, and entertainment.

I acknowledge that there are risks and hazards inherent in the activities. Those risks and hazards may include, but are not limited to, the following: varied terrain, latent or apparent defects or problems in equipment provided by the schools, volunteers, or outside service providers, acts of others (including the failure of others to follow instructions or obey safety regulations), weather conditions (including unforeseen, inclement, or intemperate weather), consumption of food and drinks, fire, first aid, emergency treatment or other services rendered. I understand that the risks and hazards can cause damage, destruction, or loss, to my or my child's personal property. I also understand that my child may become ill or may be seriously injured, including permanent disability or death.

The Cincinnati Waldorf School will not have medical personnel on location of the Medieval Games school event or at the school. I certify that my child is fully capable of participating in the Medieval Games. I represent that my child is in good health, is physically fit, and has not been advised by a physician to abstain from physical activities. I know of no reason, health related or otherwise, why my child is not capable of participating in the Medieval Games.

In consideration of my child's being permitted to participate in Medieval Games, I fully accept and assume the risks and hazards of property damage, destruction, or loss, and the risks and hazards of injury, illness, permanent disability, or even death that may arise from my child's participation. I understand that the risks include both those known and unknown. I acknowledge that my child's school and the host school have made someone available to answer questions regarding the Medieval Games and that I have received any requested information.

In consideration of my child's being permitted to participate in Medieval Games, I approve and accept the following release:

EACH OF THE UNDERSIGNED VOLUNTARILY RELEASES, WAIVES, AND RELINQUISHES TO THE FULLEST EXTENT PERMITTED BY LAW ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTIONS, DEBTS, CLAIMS, OR DEMANDS OF ANY KIND WHATSOEVER, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, THAT EACH OF US MAY HAVE AGAINST THE PARTICIPATING WALDORF SCHOOLS AND HOMESCHOOL FAMILIES, THEIR OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES, VOLUNTEERS, AND STUDENTS, AND AGREES TO INDEMNIFY THEM AND HOLD THEM HARMLESS.

I have read this form carefully and agree to these terms and conditions. I acknowledge that this Participant's Permission, Acknowledgement of Risk, and Release shall be effective and binding upon each of the Undersigned, any respective heirs, assigns, personal representatives, estates and all members of the child's family. The terms are effective immediately and shall continue in effect until my child returns to his/her school or home following completion of the Medieval Games. It may be revoked only in writing by delivering the document to Cincinnati Waldorf School.

This form must be signed by both of the child's custodial parents or all legal guardians.

_____

Signature   Date   Phone

Signature   Date   Phone