

## HOSPICE NIAGARA STUDENT WAIVER OF LIABILITY FOR TEEN 2 TEEN EVENT



This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_ 2017, by \_\_\_\_\_ (the "Student") in favor of Hospice Niagara, a not-for-profit charitable organization, their directors, officers, employees, volunteers and agents (collectively, "Hospice")

The Student understands that this Release discharges Hospice from any liability or claim that the Student may have against Hospice with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Student's Activities with Hospice, whether caused by the negligence of Hospice or its officers, directors, employees, volunteers or agents or otherwise.

Student also understands that Hospice does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**Medical Treatment:** Student does hereby release and forever discharge Hospice from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Student's Activities with Hospice.

**Assumption of the Risk:** The Student hereby expressly and specifically assumes the risk of injury or harm in all Activities undertaken at the Hospice and releases Hospice from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance:** The Student understands that Hospice does not carry or maintain health, medical, or disability insurance for the Student.

**Photographs:** The Student consents and authorizes the use and reproduction of photos taken of the Student either alone or with other Students and Hospice Niagara representatives. The Student gives permission to Hospice Niagara for the photograph to be published in promotional materials (for example: website, newsletter, posters, brochures etc.).

**IN WITNESS WHEREOF, Student has executed this Release as of the day and year first above written.**

Student Name (Print Please): \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Student Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Relevant Medical Information: \_\_\_\_\_

Allergies and Food Restrictions: \_\_\_\_\_

**In case of emergency, please contact:**

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

Relation: \_\_\_\_\_

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