## PARENTAL LIABILITY RELEASE FORM

We realize that no activity is without the possibility of unforeseen hazards which could result in injury or even death to an individual. We highly recommend that you send with your child all prescriptions and over-the-counter medication that your child take on a regular basis or on an as needed basis (i.e., an inhaler for exercise-induced asthma for use when needed, migraine medication etc.) if your child will be bringing prescription medication, please send a note to FSA explaining the reason for the medication.

As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will ensure safety and enjoyable time while participating in the activity. By signing this form, you, as a parent, guardian or other third party, agree to assume the risk and hazards which are inherent in this kind of activity. You also agree to absolve and hold harmless the sponsoring organization and their representatives for damages, loss or injuries or death of the child for whom you sign.

Permission to participate in this activity and give my permission to the leaders of this organization to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity. I have been advised of and/or recognize the risk inherent with my child's participation in this program. I assume full responsibility for all injuries that may arise from his/her physical or emotional limitations. I unconditionally release FSA and its employees from any and all liability or claims that may result from his/her participation in this program. This child has no health, emotional, or injury-related condition (recent or chronic) which will be aggravated by or which will exclude his/her active participation in the above program. In case of injury or illness. I give permission for the above child to be transported to and receive medical treatment at a local medical facility, and I guarantee the payment of all expenses incurred for such transportation and treatment.