

Hold Harmless Agreement

I, _____, and my child(ren),

(collectively, "We/Our/Us") plan to participate in the "Lankas" Lithuanian heritage summer camp (the "Camp") held at the West Coast Latvian Education Center in Shelton, Washington:

In connection with and consideration of Our participation in the Camp, I, on behalf of myself, my children, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that participation in any Camp related activity can potentially be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with Our participation in the Camp and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, emotional impacts, heat prostration, brain damage, blindness, deafness, drowning, stroke, heart attacks, paralysis and, even death.
2. I represent and warrant that We have no physical, health related or other problems which would preclude or restrict Our participation in the Camp or otherwise render participation dangerous or harmful to self or others. I further represent and warrant that We have adequate medical, health, and/or other insurance coverage.
3. I further agree to reimburse or make good any loss or damage cost that the Camp (its officers, employees, volunteers, and agents) may have to pay if any litigation arises on account of any claim made by Us or by anyone on Our behalf.
4. Knowing the dangers, hazards and risks associated with the Camp, and with sufficient knowledge of Our physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which We may, in any way, sustain in connection with participation in the Camp and related activities.
5. I agree that We must abide by all rules and regulations applicable to participation in the Camp. Should We require emergency medical treatment or first aid as a result of illness or injury associated with the Camp or related activities, I consent to such first aid and/or treatment and agree to pay for any and all related medical and hospital expenses associated with such treatment.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the "Lankas" Lithuanian Summer Camp, the Lithuanian-American Community of Washington State, and the West Coast Latvian Education Center; and their governing boards, officers, directors, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to Our participation in the Camp and/or related activities, whether due to the negligence, mistake or other action or inaction of the "Lankas" directors or volunteers, or any other person or entity involved in any way with the Camp.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

☐ Proof of medical insurance for myself (parent) is attached. ******please attach copy of insurance card(s)******

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date