

Parent Name _____ Child Name and age _____
Address: _____ Emergency Telephone _____

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the SAFE PASSAGE YOUTH FOUNDATION ("SPYF") Conejo Recreation & Park District ("CRPD"), Conejo Valley Unified School District ("CVUSD"), and the CONEJO CREEK HOMEOWNERS ASSOCIATION ("CCHA") City of Thousand Oaks ("CTO") to participate in the above activities, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activities. This release is intended to discharge in advance the CRPD, SPYF, CCHA, CTO, CVUSD (collectively "entities") (including their officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activities, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs, administrators, executors, and assigns, and that I shall indemnify and to hold the above persons or entities (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or is connected in any way with my participation in said activities. Additionally, I fully understand that my participation in the above-referenced activities exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

VIRTUAL CLASS RELEASE: I hereby warrant and agree, that the conditions of my environment are safe, free from obstructions, and are suitable for participation in the above- referenced activity. I further understand and agree that any material downloaded, viewed or otherwise obtained through my participation in said activity is done at my own risk and the SPYF is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks and other property used as part of my participation.

PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during these activities and hereby grant the SPYF permission to use any such photo(s) for advertising or in promotional materials.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if participant is under 18 years of age) I hereby consent that those listed above participate in the above activities, and I hereby execute the above Agreement, Waiver, and Release on his/her/their behalf. I state that said minors are physically able to participate in said activities. I hereby agree to indemnify and hold the persons and entities mentioned above (including their officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or is connected in any way with said minor/s' participation in said activity

CONSENT FOR EMERGENCY MEDICAL TREATMENT: As the participant or the parent, legal guardian, or appointed conservator of the participant of this program, I hereby give consent to the Safe Passage Youth Foundation to obtain all medical or dental care for myself or my dependent as prescribed by a duly licensed medical professional. This care may be given for whatever conditions are necessary to preserve the life, limb, and well-being of myself or my dependent.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE ORGANIZATIONS AND SOGN IT OF MY FREE WILL.

SIGNATURE _____ . Name _____
Date _____

My child may walk home unattended from activity : Yes _____ No _____
Signature _____ . Date _____