**Accident Waiver and Release of Liability Form
                             Root To Rise: Rites of Passage For Young Women**                        (Weekend Initiation at "La Arborlita" December 9-11 )

I HEARBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING AND/OR HAVING MY CHILD PARTICIPATE IN THIS ACTIVITY OR EVENT, Including by way of example and not limitation, any risk that may arise from negligence or carelessness on the party of the person or entities being released, from dangerous or defective equipment or property owned, maintained, controlled by them, or because of their possible liability without fault. I certify that I/my child am/is physically fit, I have/she has sufficiently prepared or trained for participation in this activity or event, and have/has not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my/my child's participation in this activity or event.
I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my/my child's actions and responsibilities at said activity or event. In consideration of my/my child's application and permitting me/my child to participate in this event, I hereby take action for myself, my child, my executors, administrators, heirs, next of kin, successors, and assigns as follows:
(A) I WAIVE AND RELEASE AND DISCHARGE from any liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my/my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me/my child including  travel to and from this event. THE FOLLOWING ENTITIES OR PERSONS: Los Leones FLP, La Arborlita, Bill Lyons, Virginia Ingari, Root to Rise: including Patricia Petmecky and Lydia Marolda and their volunteers.
(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned here from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by negligence of release or otherwise. I acknowledge that the (aforementioned parties) and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the (aforementioned parties) I acknowledge that this activity or event may involve a test of a persons physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, wildlife, fire, condition of participants, equipment, vehicular traffic, actions of other people, including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event and lack of hydration due to participant's own negligence.  These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to have/ (have my child receive) medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.
The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.
I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT ON BEHALF OF MY CHILD AND MYSELF OF MY OWN FREE WILL.
Print Child's name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Print Parent's name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Parent's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_