



CYCLE (6) SIX

## *The Legacy Program:* Residency Liability Waiver

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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### WAIVER AND RELEASE OF LIABILITY FORM

Release of Liability, waiver of claims, assumption of risk and indemnity agreement between The Continuum Project, Inc. (CP) and \_\_\_\_\_, parent of \_\_\_\_\_.

BY SIGNING THIS DOCUMENT YOU HAVE GRANTED PERMISSION FOR YOUR CHILD TO PARTICIPATE IN CP PROGRAMMING AND HAVE WAIVED CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

In consideration of being allowed to participate in any way in the CP's programs, related events and activities, the undersigned acknowledges, understands, and agrees that;

1. I, myself and on behalf of my heirs assigns, personal representatives and next of kin, and any minor children for whom I have the capacity to contract, HEREBY RELEASE AND HOLD HARMLESS the CP, their officials, agents, volunteers, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEE"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
2. The risk of injury from the activities involved in this program may be significant, including the potential for physical harm. Although particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury and/or harm exists and
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF ALL RELEASEES or others, and assume full responsibility of my child's participation and
4. I understand that my child may learn information about him/herself that I may not anticipate. I understand that this information may evoke strong emotions and has the potential to alter your child's and your life and worldview. I understand that I and my child may discover things about him/herself and/or our family that may trouble us that we may not have the ability to control or change (i.e. facts related to your ancestry). These outcomes could have social, legal, psychological or economic implications and

In consideration of accepting this registration, and to the extent permitted by law, I hereby agree to release, indemnify, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract) the CP and its RELEASEES from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys' fees), of any kind or nature whatsoever, whether related to bodily injury, property damage or any other form of injury or loss to myself (and to any minor children for whom I have the capacity to contract), caused by any negligent act or omission of the CP or its RELEASEES arising out of or in any way related to participation in the Legacy Program: Residency Cycle (5) Five for which I (and any minor children for whom I have the capacity to contract) am registering. I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name