



Accident Waiver and Release of Liability Form

I hereby give my permission for my child _____ to participate in the Roots Program.

I understand that program activities could include play and outdoor activities around and near the Pleasant Green United Methodist Church grounds, hikes and walks in the woods wherein there could be mosquitos, bees, ticks, poison ivy, stinging nettle, and slippery and jagged surfaces among other dangers and risks. I also understand that my child may travel by car to local sites and be walking along downtown streets and in public and private museums and historical sites. I also understand that outdoor activities may occur in the hot sun and in the rain. I agree to see that my child is appropriately attired for outdoor program activities, and to provide insect repellent and sunscreen for my child to use. I will not expect Roots to provide these items. I give my permission for Roots teachers/guides to apply or assist with the application of the repellent and sunscreen I provide.

I understand that children may have the opportunity to interact with animals at local farms and gardens (dogs, cats, rabbits, fish, chickens, goats, sheep). We will only visit farms/gardens that have taken proper precautions and are prepared to receive and accommodate children. However, we cannot eliminate all risk and we cannot foresee all potential problems that may occur. Anyone wishing to participate with our animals should be screened for allergies. All allergies must be reported before beginning program, so proper precautionary measures can be taken. Roots is not liable for allergic or physiological reactions to our animals. I also understand that animals use their bodies to communicate and may brush against or lean into a person. Other body language such as tail wagging or body wiggling may also occur. Such behaviors create a risk for loss of balance, falling, or light bruising. Animals also have their own natural defenses. While the Roots teachers/guides will do everything possible to prevent any injury, it is possible that someone will get scratched, pecked, or bitten. Animals often use their mouths in play. Therefore, even when playing, it is possible for light biting to occur. Roots cannot be held liable for injury incurred by physically engaging with our animals.

SUMMER SPECIFIC:

I understand that swimming is an optional summer activity at Roots. There will be supervised swimming opportunities at the Eno River or Sportsplex. I agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in swimming, including but not limited to, paralyzing injuries and death. I agree to indemnify and hold harmless Roots, its teachers/guides, officers, employees, volunteers, entities or other persons released against any liability resulting from any injury that may occur to the participant while participating in their optional swimming activities. I also agree to indemnify Roots for any damages incurred arising from any claims, demand, action or cause of action by the participant

Yes, my child is allowed to participate in swimming activities

He/She is a confident swimmer, and may swim WITHOUT a life jacket.

He/She is a beginning swimmer. I will send an appropriately-sized LIFE JACKET to school. They will be expected to wear it at all times around the water.

No, my child is not allowed to participate in swimming activities

In the event of illness, injury, and/or accident, I authorize the Director, or any Roots employee to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses not covered by Roots' student accident policy incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that Roots may, in its sole discretion, dismiss any summer program participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of summer program fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement. I understand that the risks associated with summer program activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that Roots is not liable for any injuries or other occurrences due to indoor and outdoor summer program activities or related risks, and/or the actions or omissions of Roots summer program guides, volunteers, employees, directors, or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity. In consideration of my application and permitting my child to participate in this activity, I hereby: WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of Roots, its officers, employees, summer program guides, volunteers, entities or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity; INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE Roots, its officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Roots, its directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Participant's Printed Name (Please print legibly) & Age

Parent/Guardian Printed Name (Please print legibly)

Parent/Guardian's Signature & Date