

LIABILITY WAIVER
AND HOLD HARMLESS AGREEMENT FOR
COOPERATIVE ACTION FOR COMMUNITY DEVELOPMENT, INC.
(C.A.C.D.) and SAINT MEINRAD ARCHABBEY, INC. (S.M.A.)

Please read this form carefully and be aware that by participating in this program, or by your minor child/ward's participation in this C.A.C.D./S.M.A. program, you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this C.A.C.D./S.M.A. program, and you will be required to indemnify, hold harmless and defend the C.A.C.D./S.M.A. activity on any property that the C.A.C.D./S.M.A. performs work on.

RISK OF INJURY: As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury involved with participation in the program, and I agree to assume the full risk of injuries, including death, damages or losses which I or my minor child/ward may sustain as a result of participating in any and all activities associated with this C.A.C.D./S.M.A. program.

WAIVER OF INJURY CLAIMS: I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the C.A.C.D./S.M.A.

RELEASE FROM LIABILITY: I do hereby fully release and discharge the C.A.C.D./S.M.A. from any and all claims from injuries including death, damage, or loss which I or my minor child/ward may have or which may occur while participating in this program.

INDEMNITY AND DEFENSE: I further agree to indemnify, hold harmless and defend the C.A.C.D./S.M.A. from any and all claims from injuries, including death, damages, and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of this program.

I have read and fully understand and agree to the above stated conditions of this Liability Waiver and Hold Harmless Agreement.

Participant Signature

Parent/Legal Guardian Signature

Participant's Name (Print)

Parent or Legal Guardian's Name (Print)

Date

Date

Home Phone Number