



WAIVER OF LIABILITY

READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Consideration: I acknowledge the personal benefits accruing to my child by reason of participation in this camp and am aware of the activities which my child will be involved through said participation.

Release/Indemnification: I hereby, in consideration of such benefits, consent to the participation. This agreement releases Little Medical School of Seattle from all liability relating to injuries that may occur by using a stethoscope. By signing this agreement, I agree to hold Little Medical School of Seattle entirely free from any liability including camp location, its directors, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my child's participation in the event activities (the "Claims"). I agree to indemnify and hold harmless Little Medical School of Seattle and camp location for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Assumption of Risk: I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Technology Authorization Addendum: I acknowledge that during my child's participation in the Summer Camp that certain risks do exist. These include, but are not limited to, the hazards of handling electronics and risks associated with access to the Internet including viruses/Malware and the risk of inadvertently viewing adult content. In consideration of this acknowledgement, I voluntarily have and do hereby, assume all risk associated with my child's participation in these programs.

Stethoscope Authorization Addendum: I acknowledge the risks involved in the use of a stethoscope. These include but are not limited to ear infections, perforated ear drums, wrapping stethoscope around neck, and yanking of stethoscope causing injury. I acknowledge that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity. By signing this agreement, I forfeit all right to bring a suit against Little

Medical School of Seattle, for any reason. In return, I will receive a stethoscope. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

Understanding: I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a mediation organization for binding resolution.

Signature: _____

Date: _____