

RELEASE OF LIABILITY AND ASSUMPTION OF RISK FOR A MINOR CHILD (YOUNGER THAN EIGHTEEN YEARS) NOT ACCOMPANIED BY HIS OR HER PARENT OR GUARDIAN

Washington Butterfly Association (WBA) event on: \_\_\_\_\_

Date(s)

In consideration for \_\_\_\_\_, born \_\_\_/\_\_\_/\_\_\_, hereafter referred to as MINOR CHILD, being allowed to participate in the Washington Butterfly Association event on date(s) specified above, I voluntarily agree to assume all risks involved in my MINOR CHILD's participation. I understand my MINOR CHILD will be involved in a group activity but may not be under direct supervision at all times, may be exposed to certain dangers, including, but not limited to, the hazards of traveling and walking in undeveloped and natural areas, transportation by private vehicle, injury or illness in remote places without medical aid, and unforeseen events caused by the forces of nature which may result in injuries or death.

I, for my family, my estate, and myself, hereby release WBA from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by WBA that I or my MINOR CHILD may sustain as a result of my MINOR CHILD's participation. I release the Washington Butterfly Association, members of its Board of directors, and volunteers from such claim and any claims made by others for personal injury or property damage allegedly caused by my MINOR CHILD. Further, I will hold WBA harmless from any loss or damages resulting from the foregoing waiver and release.

If any part or portion of this Release of Liability and Assumption of Risk is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable to the fullest extent permitted by law.

By signing below I represent that I am the legal parent or guardian of the MINOR CHILD. I, the undersigned parent or legal guardian, acknowledge that I am also signing this on behalf of my MINOR CHILD and that the MINOR CHILD shall be bound by the terms of this Release of Liability and Assumption.

I authorize \_\_\_\_\_, a responsible adult person who is known to me and my MINOR CHILD, who will participate in this event, and who has signed below, to act as the accompanying adult in my absence and on my behalf during this event. I have informed the above-named adult of all known medical concerns affecting my MINOR CHILD. In the case of an emergency, s/he is hereby authorized or, in the case s/he is unable during the specified event, I authorize any other adult participating in this event to check my MINOR CHILD into a medical facility to secure treatment, including hospitalization, anesthesia, surgery, or injections of medications, and I pledge to cover all associated medical costs.

I have carefully read this Assumption and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between WBA and myself and on behalf of my MINOR CHILD (as named above). I sign of my own free will.

Names of Legal Parents/Guardians:

\_\_\_\_\_  
(Printed)                      Signature                      Date                      (Printed)                      Signature                      Date

As the responsible adult named above, I have been informed of any known health risks of the MINOR CHILD and accept the role of "responsible adult" and the conditions specified above for the event specified by the above date(s).

Name of responsible adult:

\_\_\_\_\_  
Printed                      Signature                      Date